

NAME OF OWNER

Joint Commonwealth/State Disaster Recovery Funding Arrangements Freight Subsidy Application

Freight Subsidy Application BUILDING, FENCING, EQUIPMENT AND MACHINERY



HEAD OFFICE USE ONLY

ORIGINAL APPLICATIONS MUST BE LODGED WITH THE BRISBANE HEAD OFFICE WITHIN SIX MONTHS OF THE DATE OF MOVEMENT

A. APPLICANT DETAILS (Sections A, B, C and D to be completed by the applicant)

TRADING NAME	TRADING NAME						CLAIM NUMBER						
POSTAL ADDRESS (for forwarding of cheque)			C	LIENT	TID NU	IMRF	R						
PHONE NUMBER: ()		POSTCODE: FAX NUMBER: ()					ID INC	AIDEI	-				
EMAIL ADDRESS:		THE TOTAL DELICE ()		1									
PROPERTY FOR WHICH E	QUIPMENT O	PR MATERIALS WERE CARTED		!\									
PROPERTY NAME		LOCATION		PROPERTY IDENTIFICATION CODE (PIC)									
			Q										
DISASTER EVENT			·										
APPROXIMATE DATE/S OF DIS	ASTER EVENT	/20											
DISASTER TYPE (Please Tick)		□ Flood:		Cyclon	e (pleaso	e name)							
		□ Storm		Bushfire									
		□ Other (Specify)											
EXTENT OF DAMAGE (Please de property's available fodder supply looding)	etail: eg. 70% of lost due to												
of													
in the State of Queensland,	, being the ow	oner of the property referred to on the	his form	ı, do he	ereby o	declar	e that:	-					
1. I/we are not hobby f primary production		the property, described above, is	s not a	hobby	farm	and i	s used	d for	the p	urpo			
2. my/our Australian B	susiness Num	ber (ABN) is:											
		elates to the cartage of building an s following damage due to a disaste				or equ	ipme	nt and	l macl	nine			
		oment described in the claim (on paid in their entirety and the necessary								ort (

the distance claimed for the movements was the shortest practicable route; and

the particulars provided on this form and supporting documentation with this application are true and correct.

In order to assess your claim and make an informed decision on your eligibility for disaster assistance the Department will need to confirm the details you have provided on this form with the details you have previously provided for inclusion into the APS database. Your details will not be accessed or used for any other purpose other then to assist in assessing your

Form 225 (10/12)

claim.

5.

6.

Do you consent to authorised officers accessing and confirming your details in the APS database?

Do Jou consen	• • • • • • • • • • • • • • • • • • • •	mang jour weeking in the rar a water week	100
			(Please Circle)
Signed:		Witness	
	(Owner or Manager of Property)		
Declared at	on		20

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The Department of Agriculture, Fisheries and Forestry is collecting information, including personal information, on this form for the purpose of assisting authorised departmental officers process your claims related to the freight subsidies available under the Disaster Recovery Funding Arrangements. The information you provide on this form will be used for this purpose only. Your personal information will not be used or disclosed to third parties. Only authorised departmental officers will have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless the disclosure is authorised or required by law.

All claim forms must be sent direct to

Disaster Recovery Funding Arrangments
Freight Subsidies
Department of Agriculture, Fisheries and Forestry
Level 6
GPO Box 46
Brisbane Qld 4001

Form 225 (10/12) See Over/-

CLAIMS MUST BE SUBMITTED WITHIN SIX MONTHS OF THE DATE OF MOVEMENT OR MAY NOT BE ELIGIBLE FOR PAYMENT

	Date of Consignment	From Point of Supply	To Point of Delivery	Fodder Description	Office Use Only	Loaded Distance (km)	Weight (t)	Freight Cost excluding GST	GST component of freight cost	Original Tax Invoice for Purchase Attached	Original Tax Invoice for Freight Attached
Example	1/02/2006	Cairns	Atherton	Fencing Wire	J,	95 km	3 T	\$200.00	\$20.00	Invoice #123	Invoice #456
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