



TAX INVOICE

QUEENSLAND GOVERNMENT ELECTRICITY REBATE SCHEME

To: Concession Services
 Department of Communities, Disability Services
 and Seniors
 GPO BOX 806
 BRISBANE QLD 4001

From: _____
 Address: _____
 Postcode: _____

A B N

ABN: 25 791 185 155

Period Represented by this claim:

From: _____ **To:** _____

<u>Card Holder</u>	<u>Number of Claimants</u>	<u>Number of Claimant Days¹</u>	<u>GST Exclusive Amount</u> \$	<u>GST</u> \$	<u>GST Inclusive Amount</u> \$
Pensioner Concession Card					
DVA Health Card All Conditions within Australia (Gold Card)					
Queensland Seniors Card					
Health Care Card issued by Centrelink					
Asylum Seekers					
Residents in Residential Home Parks and Multi Unit Residential Premises					
Total Number of Claimants					
Sub Total					
Authorised Backpayments					
Administration Costs for Current Period					
TOTAL VALUE OF CLAIM					

I hereby certify that:

- Rebates detailed on this claim are only for those consumers who have satisfied the eligibility criteria adopted by this Retailer; and
- In particular no consumer found to be ineligible in the most recent verification of status with the relevant Commonwealth or State department has been included in the claim; and
- Any consumer who has applied (or re-applied) for the electricity rebate since the most recent verification of status has satisfied the eligibility criteria adopted by this Retailer; and
- This claim is a true and correct assessment of the total value of the Queensland Government Electricity Rebate credited against accounts issued by this Retailer for the period stated.

 (Signature)

 (Designation)

 (Name of signatory)

 (Date)