

**TAX INVOICE**  
**QUEENSLAND GOVERNMENT**  
**RETICULATED NATURAL GAS REBATE SCHEME**

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

From:							
Address:							
Suburb:		Postcode:					
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**ABN: 25 791 185 155**

**Period represented by this claim: From: \_\_\_\_\_ To: \_\_\_\_\_**

	Number of Claimants	Number of Claimant Days <sup>1</sup>	GST Exclusive Amount \$	GST \$	GST Inclusive Amount \$
Pensioner Concession Cardholders					
DVA Health Cardholders (Gold Card)					
Queensland Seniors Cardholders					
Residents in Residential Home Parks and Multi Unit Residential Premises					
Total Number of Claimants					
Sub Total					
Administration Costs for Current Period					
<b>TOTAL VALUE OF CLAIM</b>					

*I hereby certify that:*

- *Rebates detailed on this claim are only for those consumers who have satisfied the eligibility criteria adopted by this Retail Entity; 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 reticulated natural gas rebate since the most recent verification of status has satisfied the eligibility criteria adopted by this Retail Entity; and*
- *This claim is a true and correct assessment of the total value of the Queensland Government Reticulated Natural Gas Rebate credited against accounts issued by this Retail Entity for the period stated.*

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Designation)

\_\_\_\_\_  
 (Name of signatory)

\_\_\_\_\_  
 (Date)

<sup>1</sup> The total number of days in the period for which the claimants in column 1 were eligible (other than residents of Residential Home Parks and Multi Unit Residential Premises, who must be resident for an entire billing period in order to be eligible).

