

## TAX INVOICE

### QUEENSLAND GOVERNMENT PENSIONER WATER SUBSIDY SCHEME

(South East Queensland Water Grid area only)

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**

	Number of Properties	Value of Claim \$	GST \$	Total \$
Total number of properties in receipt of subsidy				
Retrospective payments < 12 months				
Retrospective payments > 12 months				
<b>Sub Total</b>				
Administration costs for the current period:				
<b>TOTAL VALUE OF CLAIM</b> \$				

I hereby certify that:

- the eligibility and subsidy entitlements of applicants have been determined in accordance with the **Policy and Procedures for the Queensland Government Pensioner Water Subsidy Scheme**; and
- the current eligibility of each applicant to receive a benefit from either Centrelink or the Department of Veterans' Affairs has been verified, within the last twelve (12) months, with or by the relevant Commonwealth Department; and
- for the period under the claim, no applicant found by any verification process (Section 3 Administrative Arrangements, Sub-section Confirmation of Eligibility – Continuing Eligibility) to not be currently eligible for a benefit from either Centrelink or the Department of Veterans' Affairs has been deliberately included in the claim; and
- this claim is a true and correct assessment of the total value of **only** the State Government subsidy on water credited against accounts issued by this Retail Entity for the period stated. This claim **does not** include any amount for a remission on water and charges granted by local government to eligible ratepayers.

\_\_\_\_\_  
 Name of signatory:

**Chief Executive Officer or Nominee**  
 (please circle one)

\_\_\_\_\_  
 Signature:

\_\_\_\_\_  
 Date

Form 521, 04/2018

