Purchase Order Number:



Agreement for Submission of Sample Collection for Significant Disease Investigation Subsidy

	Please supply DPIRD with a tax invoice for the claimed subsidy and submit to Robert Graham OR														
	I agree to DPIRD creating a Recipient Created Tax Invoice (RCTI) for the purpose of this claim.														
	Return this completed agreement to Robert.Graham@dpird.wa.gov.au (plus invoice if preferred to RCTI)														
	A completed DDLS Animal Pathology Diagnostic Submission Form must be submitted with the laboratory samples														
Sub	Submitted by														
Nam	e														
Date															
Prac	tice Nar	ne/Di	strict Of	fice											
Own	ier detai	ls													
PIC									Frading Name						
Property Name															
Owner Name															
Submitter Statement															
I, being a veterinarian registered in the state of Western Australia, certify that I have conducted a disease investigation on the above stock owner's property on (date) and that the following conditions have been met:															
	I have r	eceive	eceived prior approval from DPIRD Field Veterinary Officer:												
	I have s	ave submitted a full sample set and/or samples as advised by DPIRD.													
	I will pass on the full subsidy (disease investigation and travel) to the farmer and include wording on the livestock producer's tax invoice to that effect.														
	A copy	of the	tax invo	ice t	o the	e live	estock pro	oducer w	ll be provid	ded to DI	PIRD for	auditing pu	rposes if re	equested	
Creditor's Name															
Address															
Australian Business Number (ABN) 49% of rebate withheld unless ABN provided															
ABN	l:														
Subsidy claimed															
Disease investigation subsidy: \$420 per investigation (GST Exclusive)															
Travel: If claiming the travel subsidy state how many kilometres travelled Km travelled													lled		
	Note: 200km at 85c/km ex GST is the maximum total travel distance that can be claimed. GST is payable on both the clinical evaluation and necropsy subsidy and travel components.														
Note: The first time a vet clinic is paid by EFT, the clinic must fill out the Department's <u>Supplier creation and</u> maintenance form – for livestock disease surveillance programs form to provide bank details.															
Signature								D	ate						
		I							I						

Results from the testing may be contributed to DPIRD State and Commonwealth databases.