Department of Primary Industries and Regional Development
GOVERNMENT OF WESTERN AUSTRALIA

Purchase Order Number:

Protect Grow Innovate

Agreement for Submission of Sample Collection for Significant Disease Investigation Subsidy

☐	**I have emailed DPIRD a tax invoice for the subsidy on** sditseforms@dpird.wa.gov.au **OR**
☐	**I agree to DPIRD creating a Recipient Created Tax Invoice (RCTI) for the purpose of this claim.**
☐	**Return this completed agreement to** sditseforms@dpird.wa.gov.au
☐	**A completed DDLS Animal Pathology Diagnostic Submission Form must be submitted with the laboratory samples**

Submitted by	
Name	
Date	
Practice Name/District Office	

Owner details										
PIC									**Trading 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 received prior approval from **DPIRD Field Veterinary Officer (name):**
☐	I have 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 invoice to the livestock producer will be provided to DPIRD for auditing purposes if requested

Creditor's Name	
Address	

Australian Business Number (ABN) 49% of rebate withheld unless ABN provided											
ABN:											

Subsidy claimed

☐	**Disease investigation subsidy:** $420 per investigation (GST Exclusive)		
☐	**Travel:**	If claiming the travel subsidy state how many kilometres travelled	Km travelled

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 Electronic Fund Transfer (EFT), the clinic must fill out the Department's Supplier creation and maintenance form – for livestock disease surveillance programs form to provide bank details.

Signature		**Date**	

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