



**Department of Seniors, Disability Services and  
Aboriginal and Torres Strait Islander Partnerships**

**TAX INVOICE**

**QUEENSLAND GOVERNMENT ELECTRICITY REBATE SCHEME**

To: Concession Services  
Department of Seniors, Disability Services and  
Aboriginal and Torres Strait Islander Partnerships  
PO BOX 15397 City East  
QUEENSLAND 4002

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

**Period Represented by this claim:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Card Holder	Number of Claimants	Number of Claimant Days <sup>1</sup>	GST Exclusive Amount \$	GST \$	GST Inclusive Amount \$
Pensioner Concession Card					
DVA Veteran 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					
<b>Total Number of Claimants</b>					
Sub Total					
Authorised Back Payments					
Administration Costs for Current Period					
<b>TOTAL VALUE OF CLAIM</b>					

<sup>1</sup> The total number of days in the period for which the claimants in column 1 were eligible.

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)