

**Australian Johne's Disease Market Assurance Program**

**Producer Rebate for External Audit**

Tax Invoice

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**Owner/Claimant Details**

Owner, Family or Company Name: \_\_\_\_\_

Other Name: \_\_\_\_\_

ABN: \_\_\_\_\_ GST registered: Yes:  No:

Direct deposit of funds to nominated account BSB No: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Identification Code ('PIC'): \_\_\_\_\_

Email: \_\_\_\_\_

Name of Manager or Owner's Representative: \_\_\_\_\_

**Enterprise Details**

Beef Production       Goat       Commercial  
 Stud (seed stock)       Stud Name and Prefix: \_\_\_\_\_

Market Assurance Program Certificate Number: \_\_\_\_\_

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**Auditor Details**

Auditor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

ABN: \_\_\_\_\_ GST registered: Yes:  No:

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**CLAIM DETAILS**

This claim form is accompanied by the following documents substantiating the eligibility and expenditure for which I am claiming the financial assistance specified below:

<b>Expense claimed Beef</b>	<b>Substantiating documentation*</b>	<b>Attached (✓)</b>	<b>Claim (\$ GST inclusive)</b>
External audit rebate for the Australian Johne's Disease Market Assurance Program	A copy of a tax invoice and receipt from the quality auditor who undertook the audit		<b>\$220</b>
<b>Expense claimed Goat</b>	<b>Substantiating documentation*</b>	<b>Attached (✓)</b>	<b>Claim (\$ GST inclusive)</b>
External audit rebate for the Australian Johne's Disease Market Assurance Program	A copy of a tax invoice and receipt from the quality auditor who undertook the audit		<b>\$330</b>

**Declarations**

I declare that the information provided on this form is correct and that the enterprise in respect of which this claim is made is principally a beef or goat herd (delete as appropriate). I further declare that I have attached true and complete documentation to substantiate the claim, as specified in the table above, and that the submission of a false claim may result in exclusion from participation in the Australian Johne's Disease Market Assurance Program without notice.

**Name of owner or authorised representative (please print):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Please forward form with the specified substantiating documentation to your State MAP Administrator or nominated delegate, who will forward the claim to Animal Health Australia for processing.**

I hereby declare that the above owner is eligible for the Australian Johne's Disease Market Assurance Program External Audit Rebate. I hereby declare that the above mentioned herd is principally a beef or goat enterprise and is eligible for an external audit rebate as part of the Australian Johne's Disease Market Assurance Program. (Strike out whichever is not applicable)

**State MAP Administrator (or delegate):**

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

**Date:** \_\_\_\_\_

The information required by this form is collected and used in accordance with Animal Health Australia's Privacy policy, which is contained on its website at <www.animalhealthaustralia.com.au>. If you are unable to access the policy, please contact Animal Health Australia on ph: (02) 6232 5522 to arrange for a copy to be provided to you.