



# 2023 QFly Bayswater Biosecurity Response Table Grape Producer Reimbursement Scheme Claim Form

Claimant Name:

APC ID Number:

## Eligibility

*The Claimant is a current Fee-for-service payer, having paid FFS within the last 12 months.*

*The treatment is required by the Qfly Bayswater Quarantine Area Notice and Approved Measures QAN Bayswater Outbreak.*

Treatment type:

Volume of table grapes treated:

## Claim details

### **Cold Treatment:**

- a. Cool room storage costs
- b. Inspection costs
- c. Transport costs (*max. \$1000 per producer*)

**Reimbursement claim amount**  
*All amounts claimed should exclude GST*

### **Fumigation:**

**Description of expense**

**Supplier Name**

**Reimbursement claim amount**  
*All amounts claimed should exclude GST*

*Fumigation expense reimbursement is limited to a maximum of \$5,000 per producer. Only non-related party expenses may be reimbursed under the Scheme Rules, and this claim must be supported by copies of supplier invoices for expenses claimed.*

**Total reimbursement claim amount**

## Declaration

*I declare that the information provided is true and correct, and that the requirements outlined in the Table Grape Producer Reimbursement Scheme have been met.*



Complete in full to create a new supplier or make amendments to an existing supplier. Suppliers will be added according to standard WA Government payment terms and conditions for suppliers (*Treasurer Instruction 323 – Timely Payment of Accounts - [https://www.wa.gov.au/sites/default/files/2020-07/fab-update-no-86\\_1.pdf](https://www.wa.gov.au/sites/default/files/2020-07/fab-update-no-86_1.pdf)*) unless otherwise stipulated in the Payment Terms section below and a copy of the signed contract/agreement is provided at time of supplier creation request.

PART 1. DPIRD Staff Member Requestor Details				
Requestor Name				
Requestor Email		Phone Number		
Invoices	<p><b>Are payments for this supplier likely going to be over \$100,000 in one payment?</b></p> <p>No                      Yes</p>			
Supplier Status	New		Amend	
Supplier Type	Standard	Overseas	Grant	RCTI
Sites/Entity				
Payment Terms <i>(Contract/Agreement attached if necessary)</i>	20 Day Terms <i>(Standard)</i>	14 Day Terms <i>(Contact/Agreement Attached)</i>	7 Day Terms <i>(Contact/Agreement Attached)</i>	Immediate Terms <i>(Contact/Agreement Attached)</i>
PART 2. Supplier's Details				
Supplier's Name <i>(Australian Suppliers as Per ABN Name)</i>				
Supplier's Trading Name				
Remittance Advice Email Address <i>(Remittance Advice's are only sent via Email)</i>				
Postal Address				
Suburb		State		Post Code
Supplier Representative Contact Name		Supplier Representative Contact Number		
PART 3. Australian Supplier's Bank Details				
ABN Number <i>(Australian Suppliers Only) (11 Digits)</i>		No ABN Number <i>(If no ABN, Statement by Supplier must be completed)</i>	Statement by Supplier form attached <a href="https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/">https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/</a>	

If the supplier does not provide an ABN and the total payment for goods and services is more than \$75 (excluding GST) the Department will generally withhold the top rate of tax from the payment and pay it to the ATO. <https://www.ato.gov.au/Business/PAYG-withholding/Payments-you-need-to-withhold-from/Withholding-from-suppliers/Withholding-if-ABN-not-provided/>

ACN Number <i>(9 Digits)</i>		Registered for GST?	<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No
Bank & Branch Name		BSB Number <i>(6 Digits)</i>		
Bank Account Name		Account Number		

#### PART 4. OVERSEAS SUPPLIERS ONLY

A Statement by Supplier Form must be completed for all overseas suppliers.  
<https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/>

Account Name		Beneficiary Branch	
Account Number		Beneficiary City	
Beneficiary Bank Name		Beneficiary Country	
Beneficiary Bank Address		SWIFT Code or IBAN Number	

#### PART 5. Supplier Authorisation – to be completed by two separate Representatives of the Supplier.

**I (the supplier) confirm that the above details are true and correct**

*(Internal DPIRD staff cannot sign on behalf of supplier)*

Name		Date	
Position Title		Signature	
Name		Date	
Position Title		Signature	

Supplier, once completed, please forward this form and the invoice back to the Requestor as per Part 1 of this form. Requestor, please upload to Fin Hub.

\*\*DPIRD Chart of Accounts - Look Up Tool:

\*\*DPIRD Finance Customer and Supplier Naming conventions: