

Reference # _____

FORM: Claim for Wild Dog Bonus Payment – Tax Invoice

If you have any specific enquiries regarding how to complete this form please contact Council. Please complete this application in BLOCK LETTERS and tick boxes or circle where applicable. If a question does not apply, please indicate by writing "n/a"

Claimant Details:

Name (Person/Entity payment is to be made)				Date	
GST REGISTERED (GST is applicable only if the claimant is GST registered.)	Yes / No	ABN Number (if registered):			
Postal Address					
Town		State		Postcode	
Email					
Phone		Mobile			

Payment Details:

Bank (including branch location):		Account Name :	
BSB:		Account Number:	

Location Wild Dog/s were destroyed:

Property Name	Lot	Plan	Number of Scalps			Participation in last Council Baiting Program (Y/N)
			Male	Female	Pup	

The wild dog/s were destroyed by the following humane method:

☐ Shot ☐ Trapped ☐ Other: _____

The scalps were this day delivered to the following Depot:

- | | | |
|-------------|----------|------------------------------|
| 1. Yuleba | 3. Surat | 5. Injune |
| 2. Mitchell | 4. Roma | 6. Nominated Scalp Collector |

Trapped wild dogs must be comply with **NATSOP-DOG001 National Standard Operating Procedure: Trapping of wild dogs using padded-jaw traps.**

CONDITIONS OF PAYMENT (please tick)

- The scalps were taken within the protected area of Maranoa Regional Council.
- Payment will be made directly to the person who has destroyed the wild dog/s or the nominated exclusion fence entity.
- An inspection may be undertaken on the described land by an authorised officer of Council for verification purposes.
- This form must be completed in legible handwriting and IN FULL for payment to occur. Incomplete or illegible forms may be returned to the claimant, delaying payment.
- Please ensure that you have included your ABN if you are registered for GST.
- **Please be advised that this form is a Declaration, therefore the above completed information must be true and correct.**

Claimant's Declaration

I hereby certify that the wild dog/s were destroyed on the property as stated in the table on page 1 of this form.

I declare that the information provided in this document is true and correct and authorise that payment be made directly to the person or the nominated entity on page 1 of this form.

Name of Claimant: _____

Signature of Claimant: _____ Date: _____

Date scalp/s taken: _____ to _____

Verification method (complete Attachment A):

- ☐ Submitted to FeralScan
☐ Signature from owner/occupier
☐ GPS location

CERTIFICATE OF DESTRUCTION OF SCALPS (Delegated Council Officer / Nominated Scalp Collector)

I hereby certify that the scalps of the wild dog/s listed on page 1 of this form were on this day destroyed in my presence.

Name of Delegated/Nominated person: _____

Signature of Delegated/Nominated Person: _____ Date: _____

Nominated Scalp Collectors must submit photographic evidence of scalps with this claim (preferably location/time/date stamped) – may submit via email to land.management@maranoa.qld.gov.au.

PAYMENT TO BE MADE (Office Use Only)

TOTAL Number of Scalps	Bonus Rate	Amount Payable	GST (if applicable)	TOTAL INVOICE
	\$50.00 per scalp	\$	\$	\$

Office use ONLY:

Record No:			Entered into Spreadsheet:	Yes / No	
All relevant information has been filled in by Claimant (ABN if applicable, Complete Postal Address, GST etc)			Checked by:	Date:	
Creditor number:			NAR:		
WO Number	14419.2472.2001				

