Market Certification System Audit Reimbursement Form

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| Property Owner/Manager Details   Preferred method / time of contact –  ...................................   | Full name/s:  |
| Phone:  |
| Mobile:  |
| Fax:  |
| Email:  |
| Postal address: City/Town: Postcode:  |
| Property name:  |   |
| Property size:(hectares or acres)  | Ha |   | Acres |   |
| Lot and Plan numbers:  |   |
| Trading Name:  |   |
| ABN:  |   |
| GST Registered:  |  Yes  |  No  |
| Payment Method:  |  Direct deposit (EFT)  |  Cheque  |
| Bank Details:  | BSB:  |  | A/c No: |  |
| Account Name:  |
| MARKET CERTIFICATION SYSTEM AUDIT DETAILS |
| Date Audit Conducted:  |  |
| Name/s of Attendees:  |   |
| Business Name of Audit Company:  |   |
| Name of Market Certification System:  |   |
| To claim for a market certification system audit you will need to create a tax invoice made out to:Fitzroy Basin Association, PO BOX 139, Rockhampton QLD 4700 ABN: 30 802 469 401The Tax invoice should be made out to the value of 70% of the audit cost capped at $700Audit reimbursement claim forms and associated documents must be received by FBA no later than**30 days after the audit is conducted** |
| **Supporting documents required:*** Receipt from audit company
* Copy of Audit Certificate
* Copy of Grazing BMP 5 Module Completion Certificate
* Tax invoice made out to FBA
 | Office Use Only |
| Have you made a training or market certification system audit reimbursement claim in the past 12 months? |  Yes No |