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: 30 802 469 401  The Tax invoice should be made out to the value of 70% of the audit cost capped at $700  Audit 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 |