

# Wild Dog Bounty Form/Invoice



To: Longreach Regional Council  
 PO Box 144  
 ILFRACOMBE QLD 4727

Claimant's Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

ABN: \_\_\_\_\_ GST Registered: Y  N

Name of Bank Account: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

I hereby certify that the wild dog/s were harvested by me at \_\_\_\_\_  
 which is located within the Longreach Regional Council Boundary.

Identification and details of harvested wild dog/s recorded on FULCRUM: Y  N

Animal Destroyed	Qty	Rate	GST	Amount	Gender
<i>WILD DOG</i>	<i>1</i>	<i>\$30.00</i>	<i>\$3.00</i>	<i>\$33.00</i>	<i>M/F</i>

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

I, \_\_\_\_\_ certify that the below wild dog/dogs scalp/s were received by me.

Signature of Authorised Officer: \_\_\_\_\_ Date: \_\_\_\_\_

I authorise payment of \$\_\_\_\_\_ for \_\_\_\_\_ wild dog/dogs scalp/s to be costed to OPP100.231.3071.

Creditor Code: \_\_\_\_\_

Name of Financial Delegations Officer: \_\_\_\_\_

Signature of Financial Delegations Officer: \_\_\_\_\_ Date: \_\_\_\_\_