

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>\$0.00</i>	<i>\$30.00</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: _____