

APPLICATION FOR PLUMBERS REIMBURSEMENT CLAIM FORM

PLUMBERS DETAILS	Business/Applicant Name		
	QBCC License Number		
	Contact Person		
	Postal Address		
	Locality / Town	State	Postcode
	Phone	Fax	
	Email		
	Applicant's Declaration: <i>I declare that I am authorised to make this Application and that all the information provided in this Application is true and correct. I have read the information contained in this Application Form and agree to comply with the said information.</i>		
	PLUMBERS SIGNATURE		DATE

SITE LOCATION – FULL SITE ADDRESS	Property Owner/Tenant (if known)		
	Property Address		
	Locality/Town	State	Postcode
	Owner/Tenant Signature (if available onsite)		Date

DETAILS OF WORKS COMPLETED	Details of works undertaken:		
		
		
Date: Arrival Time:am/pm Leave Time:am/pm			

CLAIM DETAILS	Claim Details:			
	<u>Claim Details</u>	<u>Hours</u>	<u>Rate/Hour</u>	<u>Total Hours</u>
	Labour			
	CCTV			
	Other			

*No payment is to be made to the plumber by the Customer for costs associated with Banana Shire Council

DECLARATION

I declare the above details are correct,

Claimant Name:

Claimant Signature: **Date:**.....

The original Tax invoice must be attached to this form and sent to: enquiries@banana.qld.gov.au or handed to Customer Service Centre in Biloela, Moura or Taroom.

**BANANA SHIRE
AUTHORISED
REPRESENTATIVE**

I declare the above details are correct,

BANANA SHIRE COUNCIL AUTHORISED REPRESENTATIVE USE ONLY		
Confirm Property Address	Correct <input type="checkbox"/>	Amended <input type="checkbox"/>
Notification of Sewer Block to Council by	Customer <input type="checkbox"/>	Plumber <input type="checkbox"/>
Date Council Attended the site		
Has the Plumber correctly identified a Council Sewer main blockage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Claim Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, state reason why:		

BSC Authorised Rep Name:.....

BSC Authorised Rep Signature: **Date:**.....

**OFFICE
USE ONLY**

Application Approved	Yes / No
Application Received to W/S	Date:
Invoice Attached	Yes / No
Purchase Order Number	Number:
Send to Procurement	Date: