

TAX INVOICE

APPLICATION FOR REIMBURSEMENT OF TAXI FARES SUBSIDY FOR INTERSTATE TAXI VOUCHERS

THIS TAX INVOICE WILL ONLY BE ACCEPTED FOR PROCESSING IF IT HAS BEEN CERTIFIED BY A LICENCED TAXI OPERATOR OR A PERSON RECORDED BY THE DEPARTMENT OF STATE GROWTH AS A RESPONSIBLE OPERATOR, OR A RESPONSIBLE OFFICER NAMED IN A REGISTER MAINTAINED BY THE TRANSPORT COMMISSION IN ACCORDANCE WITH SECTION 23 OF THE PASSENGER TRANSPORT SERVICES ACT 2011

Licensee's Name																					
Address																					
Phone No																					
ABN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Claim Period	From / / To / /																				

Total Number of Interstate Vouchers Submitted	
Total Value of Fare Subsidies Claimed (Inc GST)	\$ A
Total Number of WAT Trip Subsidies Claimed	
Total Value of WAT Trip Subsidies Claimed (Inc GST)	\$ B
Total Claim (Inc GST)	\$ A + B

PLEASE NOTE:

1. This claim form can only be used to claim taxi fare subsidy reimbursement and WAT trip subsidies for taxi trips taken by persons using Interstate Taxi Subsidy Vouchers from an approved and recognised interstate travel concession scheme.
2. All vouchers claimed upon must be attached to this tax invoice.
3. WAT Trip Subsidies (Hobart area - \$10, Launceston area - \$12, Devonport and Burnie area - \$16) can only be claimed when taxi trips are undertaken by a wheelchair reliant person presenting a valid interstate taxi subsidy voucher and the trip is undertaken in an approved Wheelchair Accessible Taxi.
4. Where a WAT Trip Subsidy is being claimed, the back of the voucher must be endorsed with the words "WHEELCHAIR PASSENGER". The voucher must also be signed and dated.
5. If your Australian Business Number (ABN) is not supplied, your claim may be delayed, refused or reduced by 48.5% as required by the Australian Taxation Office.
6. Incomplete vouchers, illegible vouchers or vouchers submitted more than three months after the trip occurred will not be accepted for processing.

DECLARATION

I hereby certify that this tax invoice is true and correct and that for every fare subsidy claimed the passenger has presented a recognised and approved interstate taxi subsidy voucher and for every trip subsidy claimed the passenger has required wheelchair accessible transportation and has presented in a wheelchair.

Full name/s of Licensed Taxi Operator/Responsible Operator, or Responsible Officer recorded for the purposes of Taxi Operator Accreditation: _____

Signature of Above: _____

Date of Claim: _____ / _____ /20

Please send Tax Invoice and vouchers to:

Manager, Passenger Transport Concessions
Passenger Transport
GPO Box 1242
HOBART TASMANIA 7001

Payment by the Department of State Growth for approved Tax Invoices will be made by electronic transfer to an account of your nomination.

If you require payments to be made to a new or different account, please provide written advice of the new account number, BSB (bank, state, branch) number and name of account holder/s to the address shown above.

OFFICE USE ONLY	
CREDITOR NO:	
BATCH NO:	
COST CENTRE:	2098.16.6021