Drought Preparedness Grants Request to pay

V3 27/03/2024

Please use this form to draw down from the awarded grant to either claim reimbursement for expended eligible expenses relating to your enterprise or to pay eligible vendor/s directly. Note - you only need to complete the relevant section/s of the form.

For the Request to Pay to be processed please ensure that you have completed the 'Declaration and authorisation' section on page 2.

QRIDA	Client ID									
Legal name of approved grant applicant:										
QRIDA Client ID (if known):							Application ID:			
Do you have an existing QRIDA loan for your co-contribution amount? Yes No										
Reimbursement of Expenditure										
Invoice date	Invoice number	Date paid	Payment proof (Y/N)	Name	e of vendor/s				GST (Y/N)	Invoice amount (incl GST)
									<u> </u>	
Total of	invoices (ir	ocl GST)								
Total of invoices (incl GST)										
Total of	Total of invoices (excl GST)									
Payment proof – please provide either a complete copy of the bank statement which clearly demonstrates confirmation of payment										
					confirming payment. e table provided at the end of this of	document.				
Grant drawdown (25% of total invoices, excluding GST)										
Loan drawdown (if applicable) (75% of total invoices, excluding GST)										
Paymer										
Accoun	t name:									
Name o	f bank:									
BSB nu	mber:									
Accoun	t number:									



Co-contribution payment direct to vendor										
Invoice date	Invoice number	Due date	Name of vendor			GST (Y/N)	Invoice amount (incl GST)			
Total of	invoices (i	incl GST)								
Total of	invoices (excl GST)								
			ch invoice to be paid. If including more than four in tvendors, please provide additional copies of this form.	voices per vendo	or, please use the table prov	ded at the	end of this			
Grant drawdown (25% of total invoices, excluding GST)										
Loan dr	Loan drawdown (if applicable) (75% of total invoices, excluding GST)									
Paymer										
	of vendor:									
Contact				Vendor pho	ne number:					
	t name:									
Name o	of bank:									
BSB nu	mber:			Account nui	mber:					
Declara	ntion and a	uthorisat	ion							
Before submitting this Request to Pay to QRIDA please ensure all relevant questions have been completed and all required documentation has been attached. At least one of the owners/partner/director/s or trustees must sign below unless otherwise specified.										
The signatory/ies below represent and warrant that they are authorised to sign this Request to Pay as, or on behalf of, the approved grant applicant.										
Note - The Authority will only pay the GST exclusive amount for the invoices supplied. You may be entitled to claim input tax credits for the invoice/s you have supplied; please seek clarification from your business advisor.										
Your privacy QRIDA recognises that your privacy is important and is committed to protecting the personal information we collect from you. For more information about how we collect, use, disclose and otherwise manage personal information about you, please see QRIDA's privacy policy on its website at grida.qld.gov.au/privacy. QRIDA also complies with the Human Rights Act 2019 (Qld) when making any decision, including with respect to collection, use and disclosure of personal information.										
Please submit completed form/s via email: contact_us@qrida.qld.gov.au										
Signato	ory 1									
Full nar	me:									
Signatu	ıre:			Date:						
Signato	ory 2									
Full nar	me:									
Signatu	ıre:			Date:						

This page is made available for additional listings, it is not a mandatory section of this form.

Additional details: reimbursement of expenditure								
Invoice date	Invoice number	Date paid	Payment proof (Y/N)	Name of vendor/s	GST (Y/N)	Invoice amount (incl GST)		
Total of invoices (incl GST)								
Total of invoices (excl GST)								