Wheelchair Accessible Taxi Grants

Request to Pay Form

V1 30/03/2026

Please note: you will need to complete a separate form for each supplier in your application.

Client details

Client name:

Supplier bank account details for payment by Electronic Funds Tranfers

Installer/supplier bank account name

BSB ☐☐☐ - ☐☐☐ Account number Branch

Bank

Amount

Invoice details

Invoice number Invoice date

Description of purchase/service

Applicant signature/s (please ensure all applicants sign this form)

By signing below, I/We are satisfied with the supply and/or installation of the item(s) claimed and thereby authorise payment of the invoice.

Signature 1		Signature2	
Name		Name	
Signature		Signature	
Date		Date	

If the above is incomplete I/we ask that you complete this form or otherwise act in accordance with my/our verbal advice or the advice of my/our solicitors. The Queensland Rural and Industry Authority (QRIDA) will pay the GST inclusive amount on the invoices supplied.