



TAX INVOICE

NATIONAL TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY FREEDOM ASSURANCE PROGRAM

Date: ___/___/___

From:

Address:

Telephone:

Email:

Bank details:

ABN:

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To:

Department of Primary Industries, Parks, Water and Environment

Attn: State Coordinator, NTSESP

Animal Biosecurity & Welfare Branch

13 St Johns Ave NEW TOWN TAS 7008

Email: Emma.Watkins@dpiwwe.tas.gov.au

Item	Collection Date	Laboratory Accession No	Number Submitted	Item Cost	GST	Total
NTSESP owner compensation for cattle				\$ 300.00	\$30.00	
NTSESP owner compensation for sheep				\$ 100.00	\$10.00	
Total due						

Signature.....Printed Full Name.....

Scanned copy of invoice may be emailed to Emma.Watkins@dpiwwe.tas.gov.au