



EXTRACTIVE AREAS REHABILITATION FUND (EARF) CLAIM FORM

To: DIRECTOR MINING REGULATION, Department for Energy and Mining (DEM)
GPO Box 320, ADELAIDE SA 5001

- Attach all invoices, receipts and timesheets on A4 paper
- All amounts quoted to be GST inclusive

Ref No. MB.....

Project Applicant: SMITH AND CO.....
Address: 25 ADELAIDE ROAD, ADELAIDE SA 5000.....

Contact Person: JOHN SMITH.....
Home ph: 08 1234 5678..... Business ph: 08 2345 6789.....
Mobile ph: 0412 345 678..... Fax No: 08 2345 7890.....
E Mail:

EQUIPMENT HIRE			
Type	No. of hours	Hourly Rate (GST Incl.)	TOTAL \$
D9 bulldozer.....	1.....	\$396.....	\$396.00.....
.....
.....
.....
TOTAL EQUIPMENT HIRE \$.....			396.00.....

MATERIALS USED			
Type	Quantity	Unit Cost (GST Incl)	TOTAL \$
... Grass seed.....	200 kg.....	\$11.00/kg.....	\$2200.00.....
.....
.....
.....
TOTAL MATERIALS \$.....		

HUMAN RESOURCES			
LABOUR NO. of persons	3.....x.....	10..... Hrs @ \$11.00...../Hr	\$...330.00.....
SUPERVISION	15..... Hrs @ \$33.00...../HR	\$.495.00.....
TOTAL HUMAN RESOURCES \$..			825.00.....

TOTAL OF THIS CLAIM (GST Incl.) \$...3421.00.....

TOTAL GST AMOUNT \$...311.00.....

Amount Claimed	Total Claimed to date	Amount Approved	Balance
\$.....3421.00.....	\$.....3421.00.....	\$...10,000.00.....	\$.....6579.00.....

PAYMENT(S) TO:

Name:.... SMITH AND CO..... Name... BROWN'S EARTHMOVERS PTY LTD
Address ...25 ADELAIDE ROAD..... Address ADELAIDE
SA 5000.....

Amount \$ 3025.00..... Amount \$... 396.00.....
GST amount \$275.00..... GST Amount \$ 36.00.....

I hereby certify that this is a true and accurate record of costs and that the costs were incurred in conjunction with the approved project.

Signature of Applicant **Date** /...../.....