

**TAX INVOICE**

**NATIONAL TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY FREEDOM ASSURANCE PROGRAM**

Date: \_\_\_/\_\_\_/\_\_\_

**From:**

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**Address:**

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**Telephone:**

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**Email:**

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**Bank details:**

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**ABN:**

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**To:**

Email: state coordinators or

AnimalDisease.Enquiries@nre.tas.gov.au

**or**

Department of Natural Resources and Environment Tasmania

Attn: State Coordinator, NTSESP

Animal Biosecurity & Welfare Branch

13 St Johns Avenue, New Town, TAS, 7008

Item	Collection Date	Laboratory Accession No	Number Submitted	Item Cost	GST	Total
NTSESP owner compensation for cattle				\$ 330.00	\$33.00	
NTSESP owner compensation for sheep				\$ 110.00	\$11.00	
Total due:						

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

Scanned copy of invoice may be emailed to state coordinators