

+ Drought Preparedness Grants

Request to pay

Fund code: DPGMS

V4 14/06/2024

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 of vendor/s	GST (Y/N)	Invoice amount (incl GST)
Total of invoices (incl GST)						
Total of invoices (excl GST)						

Payment proof – please provide either a complete copy of the bank statement which clearly demonstrates confirmation of payment and/or provide the vendor’s official receipt confirming payment. <i>If you have more than seven invoices to list, please use the table provided at the end of this document.</i>	
Grant drawdown (25% of total invoices, excluding GST)	
Loan drawdown (if applicable) (75% of total invoices, excluding GST)	

Payment to:	
Account name:	
Name of bank:	
BSB number:	
Account 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 (incl GST)					
Total of invoices (excl GST)					
Please provide a copy of each invoice to be paid. <i>If including more than four invoices per vendor, please use the table provided at the end of this document. For payments to different vendors, please provide additional copies of this form.</i>					

Grant drawdown (25% of total invoices, excluding GST)	
Loan drawdown (if applicable) (75% of total invoices, excluding GST)	

Payment to:			
Name of vendor:			
Contact name:		Vendor phone number:	
Account name:			
Name of bank:			
BSB number:		Account number:	

Declaration and authorisation
<p><i>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.</i></p>
<p>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.</p> <p>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.</p> <p>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 qrda.qld.gov.au/privacy. QRIDA also complies with the <i>Human Rights Act 2019</i> (Qld) when making any decision, including with respect to collection, use and disclosure of personal information.</p> <p>Please submit completed form/s via email: contact_us@qrda.qld.gov.au</p>

Signatory 1			
Full name:			
Signature:		Date:	
Signatory 2			
Full name:			
Signature:		Date:	

