Claim for Payment Form/Tax Invoice Afforestation Grant Scheme



Tax Invoice From Name: Date Issued: Postal address: Invoice Number: (Your grant number) Contact Number: Email Address: GST/IRD Number: **Bank Account Details** To Ministry for Primary Industries Bank: Attention: Afforestation Grant Scheme Account number: PO Box 2526 Account Name: Wellington ☐ MPI Creditor Form Attached ☐ Proof of Bank account Attached Your payment cannot be processed without these documents

Grant Number	Block #	Species Type	Actual Stocking Rate (Stems/ha)	Date Work Completed (month & year)	Actual Area Planted (ha)	Payment Claimed		For Office Use Only	
								Area	Payment
						\$/ha	Total \$	Recommended (ha)	Recommended Total \$
Comments:						Total			
								GST	
								Total incl GST	

Supporting Information

he following inf	formation is provided/attached:						
Shape-fil	le(s) of the actual area planted	Or, Map or aerial photo clearly showing the actual area planted					
Release	spraying of the planted area was completed on (Date) / /	Or, The area did not require release spraying					
map of some description outlining the actual treated area must accompany your Claim for Payment							
Grantee De	eclaration and Signature						
Declaration:	n: I/we hereby declare that the above statements and particulars are correct and complete, and that I/we have complied with the terms of my/our AGS agreement.						
Signature:	Date: / /	Status: e.g. landowner, forestry right holder, lessee, trustee or other authorised signatory – please specify.					

For assistance in completing this claim form email:funding@mpi.govt.nz