Government of South Australia
Department for Energy and Mining

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: .....
Address: .....
Contact Person: .....
Home ph: ..... Business ph: .....
Mobile ph:..... Fax No: .....
E Mail: .....

EQUIPMENT HIRE

Type	No. of hours	Hourly Rate (GST Incl.)	TOTAL $
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

TOTAL EQUIPMENT HIRE $.....

MATERIALS USED

Type	Quantity	Unit Cost (GST Incl)	TOTAL $
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

TOTAL MATERIALS $.....

HUMAN RESOURCES

LABOUR NO. of persons .....x ..... Hrs @ $...../Hr $ .....
SUPERVISION .....Hrs @ $...../HR $.....

TOTAL HUMAN RESOURCES $.....

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

TOTAL GST AMOUNT $.....

Amount Claimed	Total Claimed to date	Amount Approved	Balance
$.....	$.....	$.....	$.....

PAYMENT(S) TO:

Name:..... . Name.....
Address ..... Address .....
.....
Amount $ ..... Amount $ .....
GST amount $ ..... GST Amount $ .....

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 ..... /...../.....**