

**GENERAL CLAIM FORM**

STATE/TERRITORY: *Please select*

CLAIM NUMBER ..... FOR ASSISTANCE DURING THE ..... FINANCIAL YEAR

STATE/TERRITORY BUDGET EXPENDITURE ON ELIGIBLE MEASURES  
IN RESPECT OF ELIGIBLE DISASTERS \$

**CATEGORY A**

- actual expenditure to *[insert date]* (as per Attachment C) .....
- estimated expenditure to *[insert date]* (as per Attachment C) .....

**CATEGORY B**

LOAN EXPENDITURE

- actual expenditure to *[insert date]* (as per Attachment C) .....
- estimated expenditure to *[insert date]* (as per Attachment C) .....

TOTAL

- actual expenditure to *[insert date]* (as per Attachment C) .....
- estimated expenditure to *[insert date]* (as per Attachment C) .....

**CATEGORY C**

- actual expenditure to *[insert date]* (as per Attachment C) .....
- estimated expenditure to *[insert date]* (as per attachment C) .....

**CATEGORY D**

- actual expenditure to *[insert date]* (as per Attachment C) .....
- estimated expenditure to *[insert date]* (as per attachment C) .....

TOTAL STATE/TERRITORY EXPENDITURE .....

*Less* RECOVERIES (from any source whatsoever i.e. contributions, insurance) .....

NET STATE/TERRITORY EXPENDITURE .....

**STATE/TERRITORY 1<sup>st</sup> THRESHOLD** .....

EXCESS OVER 1<sup>st</sup> THRESHOLD .....

**STATE/TERRITORY 2<sup>nd</sup> THRESHOLD** .....

EXCESS OVER 2<sup>nd</sup> THRESHOLD .....

AUSTRALIAN GOVERNMENT ASSISTANCE PAYABLE:

1/2 of net state/territory expenditure on Category A and Category C .....

**OR**

1/2 of net state/territory expenditure on ALL relief measures in excess of the 1<sup>st</sup> threshold and up to the 2<sup>nd</sup> threshold; .....

**AND**

3/4 of net state/territory expenditure on ALL relief measures above the 2<sup>nd</sup> threshold .....

*Less* ASSISTANCE PAID TO DATE .....

AMOUNT PAYABLE TO THE STATE/TERRITORY .....

I certify the above stated expenditure by the state/territory is correct and in accordance with the Natural Disaster Relief and Recovery Arrangements Determination.

Signature:..... Name:..... Date:.....

*NOTE: this claim form must be certified by an accredited state/territory Treasury officer or an officer of the appointed*

## **Attachment B**

*government agency delegated the responsibility for the state/territory.*