

On-time Payment Claim Form

Before you start

About this form

- 1) This claim cannot be made if the number of employees is more than 20.
- 2) A scanned copy of the Original Invoice is required as an attachment when submitting this form online.

Using this form

- For assistance with completing this form please contact the Queensland Government Customer Service Centre on 13 QGOV (13 74 68)
- Mandatory fields are marked with an *

Your contact details

Contact details in relation to the interest penalty

Given name*

Family name*

Email*

Vendor/supplier details

Please provide your ABN, Vendor number (if known) and the Vendor name as it appears on the invoice.

Australian Business Number
(ABN)

Vendor/supplier number
(if known)

Number of employees*

Vendor/supplier name*

Address*

Suburb/City*

State* QLD

Postcode*

Telephone number*

Mobile number

Invoice details

Department you sent invoice to*

Department contact

Tax invoice date*

Invoice number*

Date payment received from
the department*

Total invoice amount*
(if known)

NOTE: The interest penalty is calculated after 20 calendar days from the tax invoice date until the date the payment is issued by the department.

Payment reference number

Payment type

☐ Credit Card

☐ EFT

☐ Cheque



Additional information to support your claim

Declaration

- ☐ • I have read the [On-time Payment Policy](#) and understand the conditions.
- ☐ • I am authorised to make this application on behalf of the Vendor/supplier.
- ☐ • The Vendor/supplier employs _____ employees and is a “small business” as defined in the [On-time Payment Policy](#).
- ☐ • The information provided in this Claim Form is complete, true and correct.
- ☐ • I understand that providing false or misleading information on this Claim Form may result in:
 - a) the department/State of Queensland refusing to pay the Vendor/supplier’s claim, or if the department pays the claim relying on the information contained in the Claim Form, the department/State of Queensland may seek recovery of the funds including by legal process; and/or
 - b) the claim being referred to the Police to investigate if I or the Vendor/supplier has committed a criminal offence.
- ☐ • I understand information including personal information, contained in the claim will be disclosed to the State Government department responsible for the payment or administration of the invoice for the purposes of investigating and administering this Claim.

Name of the person completing this application*

Date signed

Lodgement details

Not ready to submit yet?

Save a copy of this form on your computer and complete it at a later date.
The form will be saved as a PDF file which can be opened with Adobe Reader.

Submit your application via email

Submit this form to the department for processing via email to: latepayments@chde.qld.gov.au