

FARMER BENEFIT APPLICATION - AERIAL SPRAYING SCHEDULE 1 AVIATION FUEL PURCHASES MADE BY A CUSTOM FARMER

Legal Name of Applicant:				
Business Ident	tification Number((BIN):	Period Ending:	
as necessary a purchase invo departmental f PLEASE ENSU ENSURE THAT	and submit the vices for your orms providing RE THAT FUEL SCHEDULE 2 (original copy to Tax and Re records and audit purposes all the required information i PURCHASE INVOICES ARE A (form AT4825) IS ALSO COM	venue Administration. Retain a s. Computer generated forms s presented in the same format ATTACHED TO THIS APPLICAT	ION.
Invoice Date	Invoice Number	Dealer Name	Dealer Location (Town/City)	Total Litres of Aviation Fuel Purchased

Business Ide				
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