



**CYSTIC FIBROSIS QUEENSLAND INC.**

ABN: 97 010 549 667 (DGR Endorsed)

**Grant Subsidy Request Form**

07 3359 8000

FREECALL: 1800 670 990

Cystic Fibrosis Queensland offers this subsidy towards reimbursement of expenses under

- Applicant must be a current Queensland member of Cystic Fibrosis Queensland and have a diagnosis of Cystic Fibrosis
- A complete application form must be provided along with evidence of the expense being claimed

<b>Section 1: Applicant Details</b>	
Client Name:	
Member ID:	
Date of Birth:	/ /
Parent/Guardian Name (if under 18):	
Suburb .....	State ..... Postcode .....
Preferred phone number Landline <input type="checkbox"/> OR Mobile <input type="checkbox"/>	Ph Number:
Email	
<b>Section 2: Claim details</b>	
Item purchased:	
Total cost: \$	Total claim (out of pocket expenses only): \$
Date of purchase:	Evidence of expense/Receipt attached: <input type="checkbox"/>
Grant Code: (internal use only)	
<b>Section 3: Reimbursement Details**</b>	
<i>** Allow 4 weeks for processing</i>	
Bank:	BSB:
Account No.:	Account Name: