**Returnable Schedule 1**

|  |  |
| --- | --- |
| **Contract Number:** | SBRC-20/21-10 |
| **Description of Goods/Services** | Sale of Oaten and Rhodes Grass Hay |

**Respondent Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Company Name:** | | | | |  | | | | | | | | | | | |
| *If legal name is a trust, indicate Trustee for the trust. This must be an individual name or Pty Ltd company.* | | | | | | | | | | | | | | | | |
| **Register Trading Name:** | | | | |  | | | | | | | | | | | |
| *(as appears on invoice)* | | | | | | | | | | | | | | | | |
| **ACN (if applicable):** | | |  | | | | | | | | | | | | | |
| **ABN (if applicable):** | | |  | | | | | | | | | | | | | |
| **Street Address:** | |  | | | | | | | | | | | | | | |
| **Suburb:** | |  | | | | | | | | | | | | **Postcode:** | |  |
| **Postal Address:** | |  | | | | | | | | | | | | | | |
| **Suburb:** | |  | | | | | | | | | | | | **Postcode:** | |  |
| **Telephone:** |  | | | | | | | | | **Mobile:** | |  | | | | |
| **Facsimile:** |  | | | | | | | | | **Email:** |  | | | | | |
| **Website:** |  | | | | | | | | | | | | | | | |
| **Contact Name for Respondent:** | | | | | |  | | | | | | | | | | |
| *I am the duly authorised delegate of the company listed in the registered trading name of this form with the delegated power to issue this document on behalf of the Legal Company Name.* | | | | | | | | | | | | | | | | |
| **Contact Name for Respondent:** | | | | | | | | |  | | | | | | | |
| **Contact Name for Accounts enquiries:** | | | | | | | | |  | | | | | | | |
| **Contact Name for Contract Management:** | | | | | | | | |  | | | | | | | |
| **Tendered Price *(amount excluding GST)*:** | | | | | | | |  | | | | | | | | |
| *(If applicable)* | | | | | | | | | | | | | | | | |
| **Authorised Signatory’s Full Name:** | | | | | | |  | | | | | | | | | |
| **Authorised Signatory’s Signature:** | | | | | | |  | | | | | | | | | |
| **Witness’ Full Name:** | | | |  | | | | | | | | | | | | |
| **Witness’ Signature:** | | | |  | | | | | | | | | **Date:** | |  | |

**Returnable Schedule 2**

**Pricing Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lot Number** | **Description** | **Quantity** | **Unit Rate Per Bale**  **$** | **Amount**  **$** |
| 1 | Oaten Hay per Bale | **82** |  |  |
| 2 | Oaten Hay per Bale | **82** |  |  |
| 3 | Oaten Hay per Bale | **41** |  |  |
| 4 | Oaten Hay per Bale | **41** |  |  |
| 5 | Oaten Hay per Bale | **41** |  |  |
| 6 | Oaten Hay per Bale | **40** |  |  |
| 7 | Rhodes Grass Hay | **44** |  |  |
|  |  |  | **Sub Total** | **$** |
|  |  |  | **GST** | **$** |
|  |  |  | **Total** | **$** |