



**AUSTRALIAN  
CUSTOMS SERVICE**



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

Hours

Minutes

**Claim for Refund of Government  
Administration Charge**

Name of Claimant

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Postal Address

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Charge Code

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Original Entry Number	Reason for Refund	Amount

**Total \$**

Certifying Officer

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Position No.

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Date            /            /