

Your invoice must include your company/trading name and ABN. **2**

Your Company Name
Your ABN: XX XXX XXX XXX

123 Example Lane
CITY STATE POSTCODE
Phone: +61 7 XXXX XXXX Fax: +61 7 XXXX XXXX

Your document must state that it is a 'Tax Invoice'. **1**

TAX INVOICE

INVOICE # XXXXXX
DATE: XX/XX/XXXX

Your invoice must be dated. **3**

INVOICE TO:
NIISQ Agency
ABN 52 764 535 574
GPO Box 1391
BRISBANE QLD 4001

Your invoice must be addressed to NIISQ Agency. **4**

SHIP TO:
Participant Name
456 Example Lane
CITY STATE POSTCODE
Phone: +61 XXX XXX XXX

Your invoice must include our Participant's name, or case reference number. **5**

Comments or special instructions:

Service Approval: XXXXX

Please include Service Approval number if known. **6**

ITEM/SERVICE CODE	QUANTITY	DESCRIPTION	UNIT PRICE	GST	TOTAL
TAR006	1	Occupational Therapy Assessment	\$176.00	\$0.00	\$176.00
EQU003	1	Equipment – Shower Stool	\$110.00	\$0.00	\$110.00
	1	Equipment Delivery	\$20.00	\$2.00	\$20.00

Please include item/service code to expediate payment processes. **7**

Your invoice must include a description of the item sold/service provided. **8**

Your invoice must state if GST is applicable per item/service. **9**

Your invoice must state the amount of GST payable on the invoice. **10**

TOTAL AMOUNT EXCL GST	\$306.00
GST	\$2.00
TOTAL AMOUNT INCL GST	\$308.00

Your Company Name prefers EFT payments: BSB: XXX XXX, Acc No: XXXX XXXX
If you have any questions concerning this invoice, please contact Your Company on +61 7 XXXX XXXX

Your invoice must state the total amount payable on the invoice. **11**

THANK YOU FOR YOUR BUSINESS!