

How to invoice guide

General



2 **Company Name**
Your ABN: XX XXX XXX XXX
123 Example Lane
CITY STATE POSTCODE
Phone: +61 7 XXXX XXXX
Fax: +61 7 XXXX XXXX

1 **TAX INVOICE**

3 INVOICE # XXXXXX
DATE XX/XX/XXXX

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

5 **SHIP TO:**
Participant name and case number
456 Example Lane
CITY STATE POSTCODE
Phone: +61 XXX XXX XXX

6 **COMMENTS:** NIISQ Service Approval No: XXXXX

7 ITEM/SERVICE CODE	8 QUANTITY	9 DESCRIPTION	10 UNIT PRICE	11 GST	TOTAL
AAA010	1	Occupational Therapy Assessment	\$XX.XX	\$XX.XX	\$XX.XX
EQU003	1	Equipment – Shower Stool	\$XX.XX	\$XX.XX	\$XX.XX
EQU010	1	Equipment Delivery	\$XX.XX	\$XX.XX	\$XX.XX

12 **TOTAL AMOUNT EXCL GST** \$XX.XX
GST \$X.XX
TOTAL AMOUNT INCL GST \$XX.XX **13**

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

Thank you for your business!

1 Tax Invoice

Your document must state that it is a 'Tax Invoice'



2 Company name & ABN

Your tax invoice must include your business/entity name and ABN

3 Date

Your tax invoice must be dated

4 Invoiced to NIISQ Agency

Your tax invoice must be addressed to NIISQ Agency

5 Participant name and case number

Your tax invoice must include our participant's name and case number

6 Service Approval

Include NIISQ Service Approval number

7 Item/service code

Include NIISQ item/service code to expediate payment processes

8 Quantity

Please specify quantity

9 Description

Include a description of the item sold/service provided

10 Ex GST cost

Please specify cost per unit (excluding GST) and include the price/rate as per Service Approval

11 GST

Your tax invoice must state if GST is applicable per item/service

12 Invoice must include GST payable

Your tax invoice must state the amount of GST payable on the invoice

13 Total amount payable

Your tax invoice must state the total amount payable on the invoice