|  |  |
| --- | --- |
| {Your Company Name}{ABN: Insert your ABN} | TAX INVOICE |
| Address Line 1Address Line 2City State PostcodeEmail: Phone: | Invoice no. {Invoice number}Date: {Invoice date} |
| To:{NDIS Participant Name}C/- Acacia Plan ManagementP.O. Box 100Sherwood QLD 4075 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DAte | Description | NDIS SUPPORT Line Item\* | Hours | Rate | Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | GST |  |
|  |  |  | TOTAL |  |

#### please make payment to:

#### Account Name:

#### bsb:

#### account number: