

# TAX INVOICE #:

Company/Provider Name:

Company ABN:

Phone Number:

Email:

Invoice Date:

*dd/mm/yyyy*

Invoice Due Date:

*dd/mm/yyyy*

Address:

Suburb:

State:

Post Code:

Client First Name:

Client Last Name:

C/- Auscare Support

NDIS Participant # (e.g. 43.....):

PO BOX 880 BALLINA NSW 2478

Email: [invoices@auscaresupport.com.au](mailto:invoices@auscaresupport.com.au)

Delivered Date	Delivered Date	Delivered Date	NDIS Support Item No.	Qty/Hours	Rate	Total
<i>dd/mm/yyyy</i>	<i>Or</i>	<i>dd/mm/yyyy</i>	<i>xx_xxx_xxxx_x_x</i>	<i>number/s only</i>	<i>number/s only</i>	<i>calculation field only</i>

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

*Or*

Description of Service:

GST (if applicable)

**Total Amount Payable**

Remittance Details:

Additional Information:

*Account Name:*

*BSB (xxx-xxx):*

*Account Number:*