|  |  |
| --- | --- |
| <Your Full Name or Business Name> ABN: XXXXXXXXXX <Insert Your Street Address>  Suburb, State, Postcode  Phone: <your phone number>  Email: <your email address> | INVOICE Invoice #:<invoice number>  Date: <INVOICE DATE DD/MM/YYYY> |
| To: <Insert NDIS Participant Name>  <Insert NDIS Participant Number>  c/o Aspect Plan Management  710 Collins Street, Docklands VIC 3008  [contact@aspectndis.com.au](mailto:contact@aspectndis.com.au) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| date OF SERVICE | DESCRIPTION | HOURS | RATE | AMOUNT  (Inclusive of GST) |
|  |  |  |  |  |
|  |  |  |  |  |
|  | *Example only* |  |  |  |
| *10 Jul 2020* | *Support Work* | *3* | *$50.00* | *$150.00* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**-----------------------------------------------------------------------------------------------------------------------------------------**

|  |  |
| --- | --- |
| TOTAL GST | $0.00 |
| **TOTAL payable** | **$150.00** |

**PLEASE MAKE PAYMENT TO:**

Account Name: <Your Full Name or Business Name>

BSB: <Your BSB>

Account Number: < Your Account Number >

Terms: Due 7 days from Invoice Date