

INVOICE

<Insert Company Name>

<ABN: Insert your valid ABN>

INVOICE NO: <A unique invoice number>

<Address Line 1>

DATE: <Invoice date>

<Address Line 2>

<City State Postcode>

Email: <Your preferred email address>

Phone:

TO:

<NDIS Participant Name>

<NDIS Participant Number>

<NDIS Participant Address>

admin@ypca.com.au

DATE	DESCRIPTION	NDIS LINE ITEM*	HOURS	RATE	AMOUNT
				GST	
				INVOICE TOTAL	

PLEASE PROVIDE YOUR BANK DETAILS FOR PAYMENT OF THIS INVOICE:

ACCOUNT NAME:	
BSB:	
ACCOUNT NUMBER:	
EMAIL:	<Your preferred email address for notifications about payments and payment issues>
*A list of codes and descriptions of each line item can be found in NDIS Price Guide	