|  |  |
| --- | --- |
| [NAME][ABN][Street Address]Phone [Phone Number]Email [Email Address] | INVOICE |
| Invoice #[100]Date: [Pick the date] |

|  |  |
| --- | --- |
| To:[Name][Street Address][City. Post Code][Phone Number] | For:[Project service or description] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION | Date | HOURS | RATE | AMOUNT |
| **Assistance With Social & Community Participation 1:1 - Standard - Weekday Daytime** 04\_104\_0125\_6\_1 |  |  |  |  |
|  |  | TOTAL |  |

**Payment Details**

Account Name:

BSB:

Account Number: