|  |  |
| --- | --- |
| [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 | UOM | RATE | AMOUNT |
| **Assistance With Self-Care Activities - Standard - Weekday Daytime** 01\_011\_0107\_1\_1  |  |  |  |  |
| **Assistance With Self-Care Activities - Standard - Weekday Evening** 01\_015\_0107\_1\_1  |  |  |  |  |
| **Assistance With Self-Care Activities - Standard – Saturday**01\_013\_0107\_1\_1  |  |  |  |  |
| **Assistance With Self-Care Activities - Standard - Sunday** 01\_014\_0107\_1\_1  |  |  |  |  |
| **Assistance With Self-Care Activities - Standard – Public Holiday** 01\_012\_0107\_1\_1  |  |  |  |  |
|  |  | TOTAL |  |

**Payments Details**

Account Name:

BSB:

Account Number: