|  |  |
| --- | --- |
| [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: