YOUR BUSINESS NAME

ABN

ADDRESS, EMAIL, PHONE

# INVOICE

Write "Tax invoice" if any line is taxable

Invoice no.

Date issued

Due date

PARTICIPANT

NDIS NUMBER

ADDRESS, INCLUDING POSTCODE

BILL TO (PLAN MANAGER, PARTICIPANT OR PROVIDER)

EMAIL, AND ABN IF YOU BILL A PROVIDER

FUNDING: PLAN-MANAGED / SELF-MANAGED / NDIA-MANAGED

| DATE | START-FINISH | SUPPORT ITEM NUMBER | DESCRIPTION | CLAIM TYPE | QTY | UNIT PRICE | AMOUNT |
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**GST-free supply.** Supports on this invoice not marked * are GST-free NDIS supports under the GST-free Supply (National Disability Insurance Scheme Supports) Determination 2021.
* Taxable supply. The price includes GST.

GST-free supplies

Taxable supplies (incl. GST)

GST included

**Total**

PAYMENT BY EFT

Account name | BSB | Account number | Reference

RECEIPT (SELF-MANAGED, AFTER PAYMENT)

Paid on | Amount | Method