



Invoice Template

Tax Invoice

Invoice No:

Date:

<insertCompany/Contact name>

ABN:

<insertAddress>

<insertAddress>

<insertSuburb, State, Post Code>

Email:

Phone:

Invoice to:

<insert Participant name>

<insert NDIS Number>

c/- InFocus Disability Services

PO Box 156

Coorparoo QLD 4151

supports@infocusdisability.org.au

Support date(s)	Description	NDIS Support item number (optional)	Hours/QTY	Rate	Amount
				GST	
				Invoice Total	

Bank details -

Account name:

BSB:

Account number:

**Please select NDIS support line item numbers from www.ndis.gov.au/providers/price-guides-and-pricing*