Example Invoice

**XYZ Aboriginal Community Controlled Health Organisation**

**Insert Your Unique ID Number: 0-MOICDP-XXX YOUR ABN: 123 456 789**

## TAX INVOICE

**To:** **Date:**

Rural Workforce Agency Victoria **Invoice No:**

Level 6, Tower 4 World Trade Centre 1

8-38, Siddeley Street

Melbourne VIC 3005

### Date Services Performed

 **Amount GST Total (inc GST)**

1/11/2017 Podiatry $500.00 $ 50.00

1/11/2017 Speech Pathology $1000.00 $100.00

5/11/2017 ENT $2000.00 $200.00

**Subtotal $3,500.00 $350.00 $3,850.00**

*Hosting fee*

1/11/2017 Podiatry $275.00 $27.50

1/11/2017 Speech Pathology $275.00 $27.50

5/11/2017 ENT $275.00 $27.50

**Subtotal $825.00 $82.50 $907.50**

 **TOTAL $4,325.00 $432.50 $4,757.50**

**Payments to:**

XYZ **Aboriginal Community Controlled Health Organisation**

Phone:

# Outreach Services Fax:

# 1 George Street

Melbourne VIC 3000

Account Name: Joan Smith

Bank: CBA

BSB: 123-456

Account Number: 123456789