Example Invoice

Joan Smith

**Podiatry**

**Provider Number: ABN:**

## TAX INVOICE

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

Northern Division **Invoice No:**

Aboriginal Community Controlled Health Organisation

PO Box 1

# The Bush VIC 3300

### Services Performed

 Amount GST

1/1/2010 Podiatry $500 $50

 **TOTAL $500.00 $50.00 $550.00**

**Payments to:**

J SmithPhone:

# Podiatry Services Fax:

# 1 George Street

Melbourne VIC 3000

Account Name: Joan Smith

Bank: CBA

BSB: 123-456

Account Number: 123456789