<Insert Company Name>

<ABN: Insert your valid ABN>

INVOICE

<Address Line 1>
<Address Line 2>
<City State Postcode>
Email: <Your preferred email address>
Phone:

INVOICE NO: <A unique invoice number>
DATE: <Invoice date>

TO:
<NDIS Participant Name>
<NDIS Number>

C/- TAC Plan Management

admin@tacpm.com.au

DATE	DESCRIPTION	NDIS LINE ITEM*	HOURS	RATE	AMOUNT
				GST	
				INVOICE TOTAL	

BANK DETAILS FOR PAYMENT OF THIS INVOICE:
ACCOUNT NAME:
BSB:
ACC. No:
EMAIL: <Your preferred email address for notifications about payments and payment issues>

*A list of codes and descriptions of each line item can be found at the NDIS Website:

https://www.ndis.gov.au/providers/pricing-arrangements