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| --- | --- |
| Your Company NameYour ABNStreet AddressState, Post codePhone Number Email Address | INVOICEInvoice numberinvoice Date |
| To:NDIS Participant NameNDIS Participant NDIS NumberAddress of NDIS participant  |  |

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| --- | --- | --- | --- | --- | --- |
| **Dates** | **Description of service** | **Support Item number** | **Hours/ Qty** | **Rate / unit** | **Subtotal** |
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| **SUB TOTAL** |  |
| **GST IF APPLICABLE** |  |
| **TOTAL** |  |

**Payment details**

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| --- | --- |
| **Acc Name** |  |
| **Bank BSB** |  |
| **Bank account number** |  |
| **Remittance advice email** |  |

All invoices to be sent to accounts@leisurenetworks.org