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| Your Company Name Your ABN  Street Address  State, Post code  Phone Number  Email Address | INVOICE Invoice numberinvoice Date |
| To: NDIS Participant Name  NDIS Participant NDIS Number  Address 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](mailto:accounts@leisurenetworks.org)