Invoice

[Insert Company Name]

[ABN - Insert your valid ABN]

[Company Address]
[City State Postcode]
Email: [Your preferred email address]
Phone: [Your preferred phone number]

Bill To:
[NDIS Participant Name]
Inclusive Plan Management
19 Marsden Road, Kallangur QLD 4503
ndis@inclusiveassist.org

Invoice Number: [Invoice # must be unique]
Date: [Invoice date]

DATE	NDIS LINE ITEM*	DESCRIPTION	HOURS	RATE	AMOUNT
				GST	
				Invoice Total	

Your Bank Account Details:

Account Name:
BSB:
Account Number:
Email: [Preferred email for payment notifications]

*For NDIS pricing arrangements and line item codes please visit: www.ndis.gov.au/providers/pricing-arrangements