|  |  |
| --- | --- |
| Logo placeholder | INVOICE |
|  | Date: [Click to select date]INVOICE #  |
| CLIENT NAME | **Bill to:** | The Salvation Army FVSFlexible Support Packages Care of [INSERT CLIENT NAME] 30 Punt Road Windsor VIC, 3181ABN: 644 722 388 44 |
|  |  |  |
| **Qty** | **Description** | **Unit Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | GST |  |
|  | Total GST inclusive  |  |

\*If supplier is not registered for GST, this must be stated on the invoice

*Payment due date:*

*Direct deposit Details*:

*Bank:*

*BSB:*

*Account Number:*

*Bank Account name:*

**[Your Company Name]**

**ABN (compulsory):**

[Street Address], [City, ST ZIP Code] Phone: [phone]

(Email)

*(If a remittance is required – include your business email address)*

Please note: If the ABN name and/or business name(s) provided differ from that shown on invoice, please provide clarification for the association between the ABN and the business name to avoid delay in payment