|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Logo placeholder | | INVOICE | | | |
|  | | | | Date: [Click to select date]  INVOICE # | |
| CLIENT NAME | | | **Bill to:** | The Salvation Army FVS  Flexible Support Packages  Care of [INSERT CLIENT NAME]  30 Punt Road  Windsor  VIC, 3181  ABN: 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