

[Insert Company Name]

ABN: [Insert ABN]

INVOICE

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

INVOICE # [INVOICE NUMBER]

DATE: [INVOICE DATE]

TO:

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

ADDRESS (WHERE WORKS WERE CARRIED OUT): [ENTER ADDRESS]

QUANTITY	DESCRIPTION	UNIT PRICE	GST	TOTAL
	[Complete All Table Fields]			

Payment terms and conditions [eg. strictly 7 days, payment on completion, etc.]

Northern Territory Government Jobs First Plan voucher will be accepted as payment, subject to Program Terms and Conditions, available at <https://businessrecovery.nt.gov.au/terms-and-conditions>

SUBTOTAL (GST EXCL)

GST

SUBTOTAL (GST INCLUDED)

LESS NTG VOUCHER

LESS GST PAID FROM VOUCHER

BALANCE DUE

APPLICANT TO PAY/PAID

If you have any questions concerning this invoice, contact: [Insert Name] at [Phone Number] or [Email Address]

THANK YOU FOR YOUR BUSINESS!