

**[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
	<b>[Complete All Table Fields]</b>			

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

*Northern Territory Government Jobs Rescue and Recovery Plan voucher will be accepted as payment, subject to Program Terms and Conditions, available at <https://business.nt.gov.au/recovery>.*

SUBTOTAL (GST EXCL)	
GST	
SUBTOTAL (GST INCLUDED)	
<b>LESS NTG VOUCHER</b>	
LESS GST PAID FROM VOUCHER	
<b>BALANCE DUE</b>	
<b>APPLICANT TO PAY/PAID</b>	

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

**THANK YOU FOR YOUR BUSINESS!**