<insertcompany contact="" name=""></insertcompany>	Tax Invoice
ABN:	Invoice:
<insertaddress></insertaddress>	Date:
<insertaddress></insertaddress>	
<insertsuburb, code="" post="" state,=""></insertsuburb,>	
Email:	
Phone:	
Invoice to:	

Invoice to:

<insert Participant name> c/- InFocus Disability Services 284 Pine Mountain Road Mt Gravatt Qld 4122

payments@infocusdisability.org.au

Support date(s)	Description	NDIS Support item number (optional)	Hours/ QTY	Rate	Amount
	•	•		GST	
				Invoice Total	

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Dan	ĸ	u	eta	ш	15	-

Account name:

BSB:

Account number:

<sup>\*</sup>Please select NDIS support line item numbers from  $\underline{www.ndis.gov.au/providers/price-quides-and-pricing}$