

# INVOICE

Supplier GST Number:

To [Client Name]  
[Company Name]  
[Street Address]  
[City, St, ZIP Code]  
[Phone]

Date:  
Our Reference:  
Licensed Adviser Name:  
Licensed Adviser Number:  
Invoice No.  
GST No.

*\* Reference: Invoice for Professional Services and Disbursements*

Item No.	Service Description	Price	GST	Line Total
1	#####	\$ 00.00	\$ 00.00	\$ 00.00
Total Amount Payable				
Total Amount Receive To Date				
Total Balance Amount Due (NZ Dollars)				

*\* Payment terms: within 20 days of issue of this invoice*