|  |  |  |
| --- | --- | --- |
|  | **Tax Invoice** | |
| ABN: | | INVOICE #: {{INVOICE}}  DATE: {{TODAY}}  Name  Job Title  MSLP  CPSP  Medicare  Address Line 1  Address Line 2  . |
| TO:  {{PARENT}}  {{ADDRESS\_LINE\_1}}  {{ADDRESS\_LINE\_2}}  ON BEHALF OF NDIS PARTICIPANT;  CHILD: {{NAME}}  DOB: {{DOB}}  NDIS PARTICIPANT #: {{PARTICIPANT\_NUMBER}}  NDIS PLAN MANAGED BY:  {{PLAN\_MANAGER}}  Via Email: {{PLAN\_MANAGER\_EMAIL}} | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Service Description | Item No. | Unit Price |
| {{%tr for session in sessions%}} |  |  |  |
| {{session[0]}} | {{session[1]}} | {{session[2]}} | {{session[3]}} |
| {{%tr endfor%}} |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Please make payment via direct Bank Deposit to:**  **Bank | Name | BSB | Account Number**  **Nett 7 days** | | TOTAL: | **{{TOTAL}}** |
| GST\* |  |
| BALANCE DUE: | **{{TOTAL}}** |

\*Services are GST free*.* A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act), in the participant’s NDIS Plan currently in effect under section 37 of the NDIS Act.