

Invoice — Plan-Managed NDIS

Supplier: deex / Scale Breakers | ABN: [] | Phone/Email: [] | Invoice #: [] | Date: []

Bill to (Plan Manager)

Company: [Plan Manager Name] | Email: [accounts@...] | Participant: [Full Name] | NDIS #: [optional]

Service details

Description: [Program name] — [skills/activities summary].

Date: [DD/MM/YYYY] | Duration: [3.0 hrs] | Location: West End venue (wheelchair accessible)

Rate: \$[] / hr (agreed) | Qty: [] | Amount: \$[]

Notes (outcomes): [Participant completed X tasks; supports provided included seated station, adaptive tools; social participation achieved].

Payment

EFT: [BSB] [Acct] | Terms: 14 days | Reference: [Invoice # / Participant Name]