

ABN:

Address :

Tel :

E-mail :

Tax Invoice

Bill to :

Invoice No :

Invoice Date :

Company:

ABN:

Address:

Description:

No	Student Name	DOB	Student ID	Course	Start Date	Tuition Fee	Commission Rate	Commission	Bonus Amount	Instalment
----	--------------	-----	------------	--------	------------	-------------	-----------------	------------	--------------	------------

10%GST:

Invoice total with GST:

NOTE:

Please make payment to the account below , and quote the Invoice number :

Bank Name	Commonwealth Bank
Account Name	
BSB	
Account No	