

Tax Invoice/Statement

Invoice Date:

Bill to:
Parent Name or Xavier
Address

Provider Name
ABN
Address
Phone

Service provided for: _____

Date of Service	Description of Work Performed	Number of Hours Worked	Rate per hour	Total

Parent/Guardian name _____

Parent/Guardian Signature _____

GST:

Total Inc GST:

Amount Paid:

Balance Due:

Provider Signature

*to be completed by Contractor when services are over \$75 per week

Tax Invoice/Statement

Invoice Date:

Bill to:
Parent Name or Xavier
Address

Provider Name
ABN
Address
Phone

Service provided for: _____

Date of Service	Description of Work Performed	Number of Hours Worked	Rate per hour	Total

Parent/Guardian name _____

Parent/Guardian Signature _____

GST:

Total Inc GST:

Amount Paid:

Balance Due:

Provider Signature

*to be completed by Contractor when services are over \$75 per week