

**[Insert Company Name]**

ABN: [Insert ABN]

# INVOICE

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

INVOICE # [INVOICE NUMBER]

DATE: [INVOICE DATE]

**TO:**

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

**ADDRESS (WHERE WORKS WERE CARRIED OUT): [ENTER ADDRESS]**

QUANTITY	DESCRIPTION	UNIT PRICE	GST	TOTAL
	<b>[Complete All Table Fields]</b>			

**Payment terms and conditions [eg. strictly 7 days, payment on completion, etc.]**

**Northern Territory Government Immediate Work Grants Program voucher will be accepted as payment, subject to Program Terms and Conditions, available at [www.immediatework.nt.gov.au](http://www.immediatework.nt.gov.au).**

**For Immediate Work Grants Program Purposes Only**

Description	Price (ex GST)	Price (inc GST)
Total value of goods/materials	<b>[insert price]</b>	<b>[insert price]</b>
Total value of remainder (inc. labour)	<b>[insert price]</b>	<b>[insert price]</b>

SUBTOTAL (INC GST)	
NTG VOUCHER AMOUNT (INC GST)	
SUBTOTAL LESS NTG VOUCHER AMOUNT (INC GST)	
LESS DEPOSIT PAID (INC GST)	
LESS MILESTONE PAYMENT PAID (INC GST)	
<b>BALANCE DUE EXCLUDING GST</b>	
<b>GST ON BALANCE DUE</b>	
<b>TOTAL DUE</b>	

If you have any questions concerning this invoice, contact: [Insert Name] at [Phone Number] or [Email Address]