INVOICE

Company:

ABN:

Address:

Email:

Phone number:

Invoice no:

Invoice date:

Due date:

TO: NDIS client name:

NDIS number:

Address:

EMAIL TO:

planmanager@lotusassist.com.au
02 4033 2003 or 07 3305 0279

SERVICE DATE	DESCRIPTION	NDIS LINE ITEM	HOURS/ QUANTITY	RATE	AMOUNT
			GST		
			INVOICE TOTAL		

Payment details
Account name:
BSB:
Account number: