**Tax Invoice**

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| COMPANY NAME  ADDRESS  SUBURB STATE POSTCODE  Contractor’s [Email](mailto:aabbcc@geemail.com) address  **Phone** Contractor’s Phone  **Mobile** Contractor’s Mobile  **ABN** Contractor’s ABN | **Invoice To:**  Centacare Home Safety Services  PO Box 783  BROWNS PLAINS BC QLD 4118  [homesafety.accounts@bne.centacare.net.au](mailto:homesafety.accounts@bne.centacare.net.au) | |
| **Invoice No.:** | Insert your invoice number |
| **Invoice Date:** | 12 November 2019 |

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| **Date of Service** | **Client’s Full Name and Address** | **Ref No.** | | **Brief Job Description** | **Unit** | **Price** | **Total** |
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| **Total** | | | | | | | $ |
| **GST** | | | | | | | $ |
| **Total inc GST** | | | | | | | $ |
| **Notes** | | | | | | | |
| **How to Pay**  *(Payment terms: 7 days)* | | | **Bank:** Bank  **Account Name:** Account Name  **BSB:** BSB **Account No.:** Account Number  **Ref.:** Invoice Number | | | | |