**Tax Invoice**

|  |  |
| --- | --- |
| COMPANY NAMEADDRESSSUBURB STATE POSTCODEContractor’s Email address**Phone** Contractor’s Phone**Mobile** Contractor’s Mobile**ABN** Contractor’s ABN | **Invoice To:**Centacare Home Safety ServicesPO Box 783BROWNS PLAINS BC QLD 4118homesafety.accounts@bne.centacare.net.au |
| **Invoice No.:** | Insert your invoice number |
| **Invoice Date:** | 12 November 2019 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Service** | **Client’s Full Name and Address** | **Ref No.** | **Brief Job Description** | **Unit** | **Price** | **Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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 |