

Invoice Date

Invoice Number

# INVOICE

*\*Note; Do not duplicate invoices. Each invoice submitted must have its own unique invoice number.*

## Your Company Details:

## Bill to: (Participant details)

Name:

Name:

ABN:

NDIS Number:

Address:

Address:

Suburb:

Suburb:

State:

Postcode:

State:

Postcode:

Phone:

C/- Blitzit Plan Manager Please send completed form to [invoices@blitzit.com.au](mailto:invoices@blitzit.com.au)

Email:

### Service/product descriptions/line item number:

SERVICE DATE	DESCRIPTION OF SERVICE DELIVERED	NDIS CODE (IF KNOWN)	HOW MANY HOURS	HOURLY RATE \$ (Incl GST)	TOTAL \$ (Incl GST)

*\*A full list of Codes and description of these line items can be found in the Price Guide of the NDIS, available at [Click here for NDIS Price Guide and Support Catalogue 2019-20 - effective 30 April 2020](#)*

**Total Amount (Incl. GST)**

\$

## PLEASE MAKE PAYMENT TO: *(Your bank details here)*

Account name:

BSB:

Account Number:

## COMMENTS: