

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

Your Company Details:					Bill to:	(Participant o	details)		
Name:	Clean It Home Services			Name: Sally Sample					
ABN:	99 999 999 9999 Unit 1			NDIS Number: 123456 Address: 456 Sample Street					
Address:									
	123 Sample Street								
Suburb:	Sydney				Suburb: Sydney				
State:	NSW		Postcode: 2000		State:	NSW	Post	Postcode: 2000	
Phone:	0410 123 456			C/- Blitzit Plan Manac					
Email:	hello@sample.com.au			C/- Blitzit Plan Manager Please send completed form to <a href="mailto:invoices@blitzit.com.au">invoices@blitzit.com.au</a>					
Servi	ce/prod	uct desc	riptions/line iter	m number:	:				
	VICE ATE	DESCRIPTION OF SERVICE D		ELIVERED	NDIS COD	DE (IF KNOWN)	HOW MANY HOURS	HOURLY RATE \$ (Incl GST)	TOTAL \$ (Incl GST)
01/0	1/2020		House Cleaning		01_020	_0120_1_1	3	41.43	124.29
01/0	1/2020	0 Lawn Mowing (Yard Maint		enance)	01_019	2_0120_1_1	2	46.20	92.40
*A full list of Codes and description of these line item be found in the Price Guide of the NDIS, available a						, ,			Incl. GST)
Click	here for	NDIS Pri	uide of the NDIS, ce Guide and Sup April 2020				\$	216.6	9
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PLEAS	SE MA	KE PAY	MENT TO: (Y	our bank dei	tails here)				
Accoun	t name:								
BSB:				Account N	lumber:				
СОММІ	ENTS:								