<Insert Company Name>

<ABN: Insert your valid ABN>

INVOICE

INVOICE NO: <All invoice numbers must
DATE: <Invoice date>

<Address Line 1>
<Address Line 2>
<City State Postcode>
Email: <Your preferred email address>
Telephone:

TO:
<NDIS Participant Name>
C/- Plan Management Partners
Level 21, 360 Elizabeth St
Melbourne VIC 3000
invoice@planpartners.com.au

DATE	DESCRIPTION	NDIS LINE ITEM*	HOURS	RATE	AMOUNT
				GST	
				INVOICE TOTAL	

YOUR BANK ACCOUNT SO WE CAN PAY YOU:
ACCOUNT NAME
BSB:
ACCOUNT NUMBER:
EMAIL: <Your preferred email address for notifications about payments and payment issues>

*A list of codes and description of each line items can be found in our Price Guide Navigator:
planpartners.com.au/ndis-price-guide