

# INVOICE

INVOICE NO:  
DATE:

Email:  
Phone:

**TO:**

C/- Plan Management Partners  
 Level 1/543 Bridge Rd, Richmond  
 Melbourne VIC 3121  
[invoice@planpartners.com.au](mailto:invoice@planpartners.com.au)

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

**PLEASE PROVIDE YOUR BANK DETAILS FOR PAYMENT OF THIS INVOICE:**

ACCOUNT NAME:  
 BSB:  
 ACCOUNT NUMBER:  
 EMAIL:

\*A list of codes and descriptions of each line item can be found in our Price Guide Navigator:  
[planpartners.com.au/ndis-price-guide](http://planpartners.com.au/ndis-price-guide)