

[Insert Company Name]

ABN: [Insert ABN]

INVOICE

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

INVOICE # [INVOICE NUMBER]

DATE: [INVOICE DATE]

TO:

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

ADDRESS (WHERE WORKS WERE CARRIED OUT): [ENTER ADDRESS]

| QUANTITY | DESCRIPTION | UNIT PRICE | GST | TOTAL |
|----------|------------------------------------|------------|-----|-------|
| | [Complete All Table Fields] | | | |
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Payment terms and conditions [eg. strictly 7 days, payment on completion, etc.]

Northern Territory Government Alcohol Secure Program voucher will be accepted as (part) payment, subject to Program Terms and Conditions, available at nt.gov.au/alcoholsecure.

| | |
|--|--|
| SUBTOTAL (INC GST) | |
| NTG VOUCHER AMOUNT (INC GST) | |
| SUBTOTAL LESS NTG VOUCHER AMOUNT (INC GST) | |
| LESS DEPOSIT PAID (INC GST) | |
| BALANCE DUE EXCLUDING GST | |
| GST ON BALANCE DUE | |
| TOTAL DUE | |

If you have any questions concerning this invoice, contact: [Insert Name] at [Phone Number] or [Email Address]