|  |  |
| --- | --- |
| [Insert Company Name]ABN: [Insert ABN][Company Contact Person][Company Address]Phone [Phone Number]Fax [Fax Number] | Invoice |
| 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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|  |  |  |  |  |
|  |  |  | Subtotal (INC GST) |  |
| 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.* |  | 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]