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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [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]