|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Insert Company Name]  ABN: [Insert ABN]  [Company Contact Person]  [Company Address]  Phone [Phone Number]  Fax [Fax Number] | | | Invoice | | | |
| Invoice #[Invoice number]  Date: [Invoice date] building registration/cal accredition no.[insert] | | | |
| 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 Business Pivot Grant voucher will be accepted as (part) payment, subject to Program Terms and Conditions, available at* <https://nt.gov.au/business-pivot>*.* | | | | | 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]

Thank you for your business!