# INVOICE

**Company:**

ABN:

Address:

Email:

Phone number:

Invoice no:

Invoice date:

Due date:

---

**TO:** NDIS client name:

NDIS number:

Address:

C/ NDSP Plan Managers
invoices@ndsp.com.au

| SERVICE DATE | DESCRIPTION | NDIS LINE ITEM | HOURS/ QUANTITY | RATE | AMOUNT |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | GST | |
| | | | | INVOICE TOTAL | |

**Payment details**
Account name:
BSB:
Account number: