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| --- | --- | --- |
| **INVOICE**  |  | **Your company name** |
| Invoice date: [DD/MM/YYY] |  | Address line 1 |
| Invoice number: [suggest your initials and date e.g. JH15112019] |  | Address line 2ABN  |
|  |  | Phone: [+61 XX XXX XXX]Email: [XXXXXXXX@XXXXXXX.XXX]  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Customer / client Information** |
| Company name: | Department of State GrowthABN: 36 388 980 563 |
| Contact name: |  |
| Address: | GPO Box 536, Hobart TAS 7001 Australia |
| Phone: |  |
| Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Units** | **$ rate per unit** | **Total** |
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| **TOTAL:** |  |  |  |

**Payment method – Bank Transfer (EFT)**

Account name: [Insert the name of your bank account]

BSB: [must be 6 digits that represents your bank and branch]

Account number: [your back account number without the BSB]

**Payment terms**

**Due Date: [DD MMM YYYY]**