INVOICE

<Company Name>

ABN: <Valid ABN>

<Address Line 1>
<Address Line 2>
<City State Postcode>
<Telephone>
<Email>

Invoice No: <Invoice Number>
Invoice Date: <Invoice Date>

TO:
Participant Name: <Participant Name>
Participant NDIS Number: <Participant NDIS Number>
C/- My Solutions Plan Management
PO Box 529
Mermaid Beach QLD 4218
invoice@mysol.com.au

Date Range	Description and NDIS Line Item	Qty	Rate ($)	Amount ($)
			GST	
			Invoice Total	

Bank Details for Remittance

Account Name: <Account Name>
BSB: <BSB>
Account Number: <Account Number>
Email: <Email>