Your Company Name

ABN ABN

INVOICE

Total

Address Line 1 DD/MM/YYYY

Address Line 2

City/Suburb, State, Postcode

Phone Number Email Address Due date DD/MM/YYYY

Bill to:

NDIS Participant Name

NDIS Participant Number

C/- MyIntegra invoices@myintegra.com.au

NDIS Participant Address Line 1 NDIS Participant Address Line 2

NDIS Participant City/Suburb, State, Postcode

Date from	Date to	Description of support	Support item number	Qty/ hrs	Rate/unit price	GST	Line sub total
DD/MM/YYYY							
					S	ub total	
					G	ST total	

Payment details	Comments

Account name

BSB

Account number