

INVOICE

INVOICE NO:
DATE:

Email:
Telephone:

TO:

C/- Queensland Plan Management
P.O. Box 38
Kingaroy QLD 4610
invoice@gldpm.org.au

DATE	DESCRIPTION	NDIS SUPPORT LINE ITEM*	HOURS	RATE	AMOUNT
				GST	
				INVOICE TOTAL	

PLEASE MAKE THE PAYMENT TO:
ACCOUNT NAME
BSB:
ACCOUNT NUMBER:

* A full list of codes and description of these line items can be found in the Price Guide of the NDIS, available at <https://www.ndis.gov.au/providers/pricing-and-payment.html>