<Insert Company Name>

<Insert ABN>

INVOICE

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

INVOICE NO:
DATE:

TO:
<Insert NDIS Participant Name>
C/- Queensland Plan Management
P.O. Box 38
Kingaroy QLD 4610
invoices@qldpm.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