

TAX INVOICE

Gold Coast Primary Health Network
PO Box 3576
Robina Town Centre QLD 4230
Email: accounts@gcphn.com.au
Phone: 07 5635 2455

Participant Name		Invoice Number	
Entity Name (if applicable)		Invoice Date	
Business Name (if applicable)		ABN	
Address		GST Registered? Yes / No	
Email		Mobile No.	
Bank Account	BSB:		Account No:

Training Date	Training Name	Amount (excl GST)	GST	Total (incl GST)
GRANT TOTAL INCLUDING GST				