

## TAX INVOICE

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

Attendee 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:

Meeting Date	Meeting Name	Hours	Rate per Hour (excl GST)	Subtotal	GST	Total incl GST
<b>GRAND TOTAL INCLUDING GST</b>						