TAX INVOICE

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

Invoice Details

Committee / Advisory Group Name:			
Attendee Name		Invoice Number	
Legal Name (if applicable)		Invoice Date	
Business Name (if applicable)		ABN	
Address		GST Registered? Yes / No	
Email		Mobile No.	

Banking Details

Account Name	
BSB	
Account Number	

Meeting Details

Meeting Date	**Meeting Name**	**Hours**	**Rate per Hour (excl GST)**	**Subtotal**	**GST**	**Total incl GST**
GRAND TOTAL INCLUDING GST						