**EXAMPLE INVOICE**

|  |  |  |
| --- | --- | --- |
| **NAME***(required)* | **Avi Sanderson** |  |
| **ADDRESS***(required)* | **44 Recovery Road, Melbourne VIC 3000** |  |
| **TELEPHONE***(required)* | **0433 333 333** |  |
| **EMAIL***(required)* | **a.sanderson@emailaddress.com** |  |
| **ABN** | **-** |  |
|  |  |  |  |
| **Bill to:** | headspace BentleighYouth & Recovery Program973 Nepean HighwayBENTLEIGH VIC 3204 | **DATE:** | **20 / 01 / 2020** |

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
| **DETAILS****COURSE DEVELOPMENT – 2 HOURS****Future course on psychosis****MEETING – 2 HOURS****Taking the Edge Off – Let’s Talk About Drugs and Alcohol****Pre-course preparation****FACILITATION – 6 HOURS****Taking the Edge Off – Let’s Talk About Drugs and Alcohol****Facilitation of course****Half day** | **$60****$56****$270** |
| Not subject to G.S.T.Please pay A.S.A.P.No ABN required: Statement by Supplier held by Alfred Legal |  |
| Subtotal | **$386** |
| GST |  |
| **TOTAL DUE inc GST** | **$386** |

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| **Payment Details:** |
|  |  |
| **ACCOUNT NAME:** | **Avi Sanderson** |
| **BANK:**  | **MyBank** |
| **BSB:** | **600-000** |
| **ACCOUNT NUMBER:** | **12345 6789** |
| **ABN:** | **-** |
| (if applicable) |  |