**INVOICE**

|  |  |  |
| --- | --- | --- |
| **NAME***(required)* |  |  |
| **ADDRESS***(required)* |  |  |
| **TELEPHONE***(required)* |  |  |
| **EMAIL***(required)* |  |  |
| **ABN** |  |  |
|  |  |  |  |
| **Bill to:** | headspace BentleighYouth & Recovery Program973 Nepean HighwayBENTLEIGH VIC 3204 | **DATE:** |  |

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
| **DETAILS** |  |
| Not subject to G.S.T.Please pay A.S.A.P. |  |
| Subtotal |  |
| GST |  |
| **TOTAL DUE inc GST** |  |

|  |
| --- |
| **Payment Details:** |
|  |  |
| **ACCOUNT NAME:** |  |
| **BANK:**  |  |
| **BSB:** |  |
| **ACCOUNT NUMBER:** |  |
| **ABN:** |  |
| (if applicable) |  |