**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 Bentleigh  Youth & Recovery Program  973 Nepean Highway  BENTLEIGH 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** |

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