

YOUR LOGO  
HERE

# INVOICE

Date: [Click to select date]  
INVOICE #

**Bill to:**

The Salvation Army FVS  
Flexible Support Packages  
Care of [INSERT CLIENT NAME]  
30 Punt Road  
Windsor  
VIC, 3181  
ABN: 644 722 388 44

CLIENT NAME

Qty	Description	Unit Price
		GST
		Total GST inclusive

\*If supplier is not registered for GST,  
this must be stated on the invoice

Payment due date:  
Direct deposit Details:  
Bank:  
BSB:  
Account Number:  
Bank Account name:

**[Your Company Name]**  
**ABN (compulsory):**  
[Street Address], [City, ST ZIP Code] Phone: [phone]  
(Email)  
*(If a remittance is required – include your business email address)*

Please note: If the ABN name and/or business name(s) provided differ from that shown on invoice, please provide clarification for the association between the ABN and the business name to avoid delay in payment