



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