

(Response Name) Response – (Location)
(mm/yy Response Started)
Invoice Information Sheet

Invoices for services are to be sent to **(First Name & LastName of AsureQuality's Logistics Coordinator)** at the address above.

Rates of Payment.

(Summarise Agreed Rates example below)

Time is to be invoiced at a rate of (\$) per hour + GST (if applicable)

Motor vehicle running is to be invoiced at (\$0.00) cents per kilometre + GST (if applicable)

(Enter further Reimbursement details as applicable)

How accounts will be paid

We will only be paying direct to bank accounts, so please ensure the following information is detailed on your invoice:

- Bank
- Branch
- Account name
- Full account number

In order to avoid delays please also attach a Bank Deposit Slip

Invoices

GST registered:

A GST tax invoice is to be provided covering all costs (use your own normal invoice)

Non GST Registered:

The attached template invoice is to be completed covering all costs

Supporting Information

ALL invoices (both GST and non GST registered) are to be supported with complete details of work undertaken on the attached form titled – **“(Enter Name of Response, Location and Date as per Heading above) Invoice Supporting Documentation”**

IMPORTANT NOTE: if supporting documentation is not provided, delays in payment will occur while we verify details. Reimbursement will only be made for pre approved and verifiable hours/expenses.

(First Name LastName of AQ Biosecurity Logistics Coordinator)

(Title)

(Location)

Invoice – Non GST Registered

Date:

Name: _____

Address _____

To: **AsureQuality Limited, HAMILTON**

SERVICES RENDERED – (Enter Name of Response, Location and Date as per Heading above)

Reimbursement of (Enter Details eg: Labour and vehicle costs) (as per attached (Enter Name and Location of Response) Invoice Supporting Documentation)

(Complete Reimbursement Details as per Example Below)

Total Hours _____ @ (\$0.00 Enter Rate) \$ _____

Total Km's _____ @ (.00 cents Enter Rate) \$ _____

Other Items please detail and attach receipts \$ _____

Total \$ _____ (NIL GST)

Contact Phone Number: _____

**COMPLETE BANKING DETAILS BELOW - PLEASE ALSO ATTACH BANK DEPOSIT SLIP
PLEASE "PRINT CLEARLY"**

Bank Name: _____

Branch: _____

Account name: _____

Account No (FULL Details): _____

(Office Use)

Approved: _____ Date: _____

(Approved by Operations Logistics Managers/ Logistics Coordinator only)

Print Name: _____ Date Sent to Finance for Payment: _____

Retain Copy for Financial & Auditing Purposes

Code: (ENTER FULL RESPONSE CHARGE CODE)

