

[Insert Company Name]

ABN: [Insert ABN]

INVOICE

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

INVOICE # [INVOICE NUMBER]

DATE: [INVOICE DATE]

TO:

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

ADDRESS (WHERE WORKS WERE CARRIED OUT): [ENTER ADDRESS]

QUANTITY	DESCRIPTION	UNIT PRICE	GST	TOTAL
	[Complete All Table Fields]			

Payment terms and conditions [eg. strictly 7 days, payment on completion, etc.]

Northern Territory Government Immediate Work Grants Program voucher will be accepted as payment, subject to Program Terms and Conditions, available at www.immediatework.nt.gov.au.

For Immediate Work Grants Program Purposes Only

Description	Price (ex GST)	Price (inc GST)
Total value of goods/materials	[insert price]	[insert price]
Total value of remainder (inc. labour)	[insert price]	[insert price]

SUBTOTAL (INC GST)	
NTG VOUCHER AMOUNT (INC GST)	
SUBTOTAL LESS NTG VOUCHER AMOUNT (INC GST)	
LESS DEPOSIT PAID (INC GST)	
LESS MILESTONE PAYMENT PAID (INC GST)	
BALANCE DUE EXCLUDING GST	
GST ON BALANCE DUE	
TOTAL DUE	

If you have any questions concerning this invoice, contact: [Insert Name] at [Phone Number] or [Email Address]