

TAX INVOICE

SUPPLIER INFORMATION

Supplier Name *Mary Smith*
Supplier Email mary@email.com
Supplier ABN *12 345 678 999*
Supplier Phone Number *0411 411 411*

Participants Name *Mary Smith Snr*

Invoice Date *5/1/21*
Invoice Number *2021001*

Invoice to *Flow Ability Pty Ltd*
accounts@flowability.com.au

| Description of Service Provided | Service Date | Hours | Hourly Rate | Total |
|---|---------------|----------|-----------------|------------------|
| <i>Eg: Social & Community Support</i> | <i>1/1/21</i> | <i>3</i> | <i>\$ 45.00</i> | <i>\$ 135.00</i> |
| <i>Eg: Group Activity</i> | <i>3/1/21</i> | <i>4</i> | <i>\$ 45.00</i> | <i>\$ 180.00</i> |
| | | | | |
| | | | | |
| | | | | |
| GST | | | | \$ - |
| Total | | | | \$ 315.00 |

Supplier Bank Details

BSB *111111*
Account Number *22222222*
Account Name *Service Provider Inc*