Your Business Name – ABN 11111111111 – ACN 111 111 111

Your Human Name

Your Address

Your Phone Number & Email Address

TAX INVOICE NO: HOSPITAL-00#

DATE: Invoice Date

BILL TO	
Customer	Hospital Name
Address	Hospital Address
Payment Terms	30 days

SERVICES PROVIDED					
Date	**Hours**	**Description**	**Rate**	**Super**	**Line Total**
1/1/2020	8	Locum Psychiatry Registrar	$1,000	N/A	$1,000
2/1/2020	4	Locum Psychiatry Registrar	$500	N/A	$500
			SUBTOTAL		$1,500
			GST		$150
			Total		$1,650

The Total includes GST.

BANK DETAILS

Account Holder: Bank Account Holder Name

BSB: Your Bank Account BSB

Account Number: Your Bank Account Number