

**Company**

ABN

Address

Email

Telephone

# Invoice

**Invoice date****Invoice number***Payment terms***Bill to**

Client name

NDIS number

Address

Email

Telephone

Date	NDIS line item	Description	Cost (inc GST)	Quantity	Line total

**Payment details**

Account name

Account BSB

Account number

Email for remittance

Total GST included

Total

Shipping and handling (if applicable)

**BALANCE DUE**Email this invoice to [invoices@leapin.com.au](mailto:invoices@leapin.com.au)

NOTE: This invoice proforma is not a timesheet. It is made available to assist you to claim for services you provide to NDIS participants.