[Insert Company Name]

ABN: [Insert ABN]

[Company Contact Person]
[Company Address]
Phone [Phone Number]
Fax [Fax Number]

INVOICE

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]			

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

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

Northern Territory Government Biz Secure Program voucher will be accepted as (part) payment, subject to Program Terms and Conditions, available at www.bizsecure.nt.gov.au.

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