

Company/Provider Name: _____
 Company ABN: _____
 Phone Number: _____
 Email: _____

Invoice Date: _____ Invoice Due Date: _____
dd/mm/yyyy dd/mm/yyyy

Address: _____

 Suburb: _____
 State: _____ Post Code: _____

C/O NURSING SOLUTIONS GROUP

PO BOX

BOMADERRY 254145

invoices @nursingsolutionsnsw.com.au

Client First Name: _____ Client Last Name: _____

NDIS Participant # (e.g. 43.....): _____

Delivered Date	Delivered Date	Delivered Date	NDIS Support Item No.	Qty/Hours	Rate	Total
dd/mm/yyyy	Or From	To	xx_xxx_xxxx_x_x	number/s only	number/s only	calculation field only
dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy				
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						
<input type="text"/>	Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Service: _____						

GST (if applicable)

Total Amount Payable

Remittance Details:

Account Name:

BSB (xxx-xxx):

Account Number:

Additional Information: