

<<Insert Company Name>>

<<ABN: Insert ABN>>

# INVOICE

INVOICE NO. <<INVOICE NUMBER>>  
 DATE: <<INVOICE DATE>>

Address Line 1  
 Address Line 2  
 City State Postcode  
 Email:  
 Telephone:

**TO:**  
 <<NDIS Participant Name>>  
 C/- Plan Management Partners  
 Level 21, 360 Elizabeth Street  
 Melbourne VIC 3000  
 invoice@planpartners.com.au

DATE	DESCRIPTION	NDIS SUPPORT LINE ITEM*	HOURS	RATE	AMOUNT
					GST
					INVOCE TOTAL

**PLEASE MAKE PAYMENT TO:**  
 ACCOUNT NAME  
 BSB:  
 ACCOUNT NUMBER:

\* A full list of codes and description of these line items can be found in the Price Guide of the NDIS, available at <https://www.ndis.gov.au/providers/pricing-and-payment.html>