

## **Invoice Sample**

Your Company Name :	ABN Number			
	Tel:	Mob:	Address	
	TAX INVOICE / RECEIPT			
Your Client Name	Invoice No.		ABC 123	
	Ref:			
	Date:			
Description			Amount	
Professional services in relation to :				
GST			\$0.00	
Electronic Funds Transfer Details :				
Account Name :				
Bank :				
BSB:				
Account No:				
**Please enter Invoice Number as Reference for transfer	**			
***Payment Term - within 7 days from the date of invoice				
Amount Due			\$0.00	