

INVOICE

Invoice Date: Date
 Invoice # Invoice Number

To Name
 Company Name
 ABN
 ACN (If Required)
 Address
 Phone

FROM Name
 Company Name
 ABN
 ACN (If Required)
 Address
 Phone

Contact	Job	Payment Terms	Due Date
		Contract terms or 10 business days after the date of this invoice	

Description	Quantity	Unit Price	GST	Amount
Describe the work you have done or the goods and services that you have provided for				
			TOTAL	\$

Please pay the total amount on or before the due date for payment. If you are unable to pay the total amount, please respond with a payment schedule within 15 business days after the date you received this invoice/ payment claim as required under the *Building Industry Fairness (Security of Payment) Act 2017*.