

**INVOICE NO:**

**INVOICE DATE:**

***Payment terms:***

**COMPANY:**

**ABN:**

**Address:**

**Email:**

**Phone:**

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**BILL TO:**

**PARTICIPANT NAME:**

**NDIS NUMBER:**

C/- PLAN MANAGE ASSIST - Suite 602,12 Mount St North Sydney.NSW.2060 [accounts@planmanageassist.com.au](mailto:accounts@planmanageassist.com.au)

DATE	DESCRIPTION	NDIS SUPPORT LINE ITEM*	HOURS	RATE	AMOUNT

GST	
INVOICE TOTAL	
PAID	
AMOUNT DUE	

**PLEASE MAKE THE PAYMENT TO:**

ACCOUNT NAME:

ACCOUNT 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>