Provider full name / organisation

Address, City, State, Postcode

Contact number: 0400 000 000

Email address: example@email.com

ABN: XX XXX XXX XXX

Invoice number:

 Date of invoice:

Attention: Community Hubs Australia

Term X

Date	Description of work	Quantity (hours)	Unit price	GST	Amount
1/3/24	Beginner conversational – 6 weeks	12 hours	$XX	$XX	$XX
8/3/24	English classes – 4 weeks plus 4 hours preparation time	16 hours	$XX	$XX	$ XX
15/3/24	English excursion – visit to AMES Australia	4 hours	$XX	$XX	$XX
22/3/24	Review and evaluation of the English program for Term 1 with hub leader	3 hours	$XX	$XX	$XX
8/3/24	Childminding for English classes – 4 weeks	16 hours	$XX	No GST	$XX
Total		**51 hours**	**$ XX**	**$XX**	**$XX**

This invoice includes / excludes GST

Payment method:

Bank:

BSB:

Account:

Reference: please use your invoice number with your reference