|  |  |
| --- | --- |
| **TAX INVOICE**  **Supplier:**  Service Provider Name  ABN  Address  Phone | |
| **Bill to:**  DCP Contract Manager Name  Service Contracts and Licensing  Department for Child Protection  GPO Box 1072  ADELAIDE SA 5001 | **Invoice Date:** 1 August 2021  **Invoice Ref:** XXXXX  **Invoice Period:** 1/7/21 to 31/7/21  **Purchase Order:** 123456789  **Contract Ref:** P200CX |
| **Service Description** | **Amount** |
| Family Reunification Services - 1/7/21 to 31/7/21 |  |
| Case Ref: ABC50000XX1 |  |
| Case Ref: DEF50000XX2 |  |
| Case Ref: GHI50000XX3 |  |
|  | |
| **SUB TOTAL** |  |
| **GST 10%** |  |
| **TOTAL** |  |

See attached Schedule for case breakdown.

Manner of Payment: Payment is to be made by the Government Party within 30 days on receipt of a correctly rendered invoice from the Supplier.