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| --- |
| **TAX INVOICE****Supplier:** Service Provider NameABNAddressPhone |
| **Bill to:**DCP Contract Manager NameService Contracts and LicensingDepartment for Child ProtectionGPO Box 1072ADELAIDE 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.