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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:** XXXXX**Contract Ref:** P200CX**Case Ref:** XXXXX |
| **Service Description** | **Hours** | **Amount** |
| Case work |  |  |
| Case work outside of core hours |  |  |
| Case work preparation |  |  |
| Attendance at review meetings |  |  |
| Monthly parent progress reports |  |  |
| Interim and final family reunification reports |  |  |
| Appearance in court |  |  |
| Proofing, briefing and waiting time with Crown law |  |  |
| Travel time |  |  |
| Corporate expenses |  |  |
|  |
| **SUB TOTAL** |  |
| **GST 10%** |  |
| **TOTAL** |  |

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.