|  |  |  |
| --- | --- | --- |
| **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:** 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.