TAX INVOICE

Company Name
Street Address
Suburb, State, Postcode
ABN
Phone:
Fax:
Email:

Insert Company Logo

Invoice No:		Date:

BILL TO:	SHIP TO:		INSTRUCTIONS
Shoalhaven City Council P O Box 42 NOWRA NSW 2541	Shoalhaven City Council		Email Invoice to: Governance@shoalhaven.nsw.gov.au

Quantity	Description	Unit Price	Total (excl GST)
		SUBTOTAL	
		GST 10%	*Not Applicable*
		TOTAL	

Bank Details

Bank Account Name	
BSB No	
Account No	