

# INVOICE

Invoice Date: Date

Invoice #: Invoice Number

**TO**                   Name  
                          Company Name  
                          ABN  
                          ACN (If Required)  
                          Address  
                          Phone

**FROM**               Name  
                          Company Name  
                          ABN  
                          CAN (If Required)  
                          Address  
                          Phone

Contact	Job	Payment Terms	Due Date
		<b>Contract terms or 10 business days after the date of this invoice</b>	

Description	Quantity	Unit Price	GST	Amount
<i>Describe the work you have done or the goods and services that you have provided for</i>				
			<b>TOTAL</b>	<b>\$</b>

Please pay the total amount on or before the due date for payment. If you are unable to pay the total amount, please respond with a payment schedule within 15 business days after the date you received this invoice/ payment claim as required under the *Building Industry Fairness (Security of Payment) Act 2017*.