



TAX INVOICE

NAME OF DOCTOR: _____ DATE: _____

ABN: _____ REGISTERED FOR GST: Y / N

Payment Details

LOCATION	DATE	TIME RANGES WORKED		TOTAL HOURS	HOURLY RATE (\$)	TOTAL (\$)
		<i>(excluding non-paid breaks)</i>				
SUB TOTAL:						
GST: <i>(if applicable)</i>						
TOTAL:						

Bank _____
 Account No. _____
 BSB _____
 Account Name _____

Signature of Authorisation: _____
(Must be completed for any hours worked additional to those confirmed)

Dr's Signature: _____