

# TAX INVOICE PROFORMA

21/01/11

Date:

## FACT Visit Travel and Expenses

From: Company:   
 Address:   
 Ph & Fax:   
 ABN:   
 Email:

To North Coast NSW GP Training Ltd  
 PO Box 1497  
 Ballina NSW 2478  
 P: (02) 6681 5711 F: (02) 6681 5722  
 ABN: 57 102 002 375

<b>Date of FACT visit</b>	<b>Doctor's name</b>		<b>Registrar's name</b>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<b>Time claim from</b>	<b>Time claim to</b>	<b>FACT location</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Travel from</b>		<b>Travel to</b>	
<input type="text"/>		<input type="text"/>	

Description	Total (exc GST)	GST @ 10%	Total (inc GST)
Total hours claimed @ \$120 per hour			
<b>Enter total hours</b>	\$ -	\$ -	\$ -
Reimbursement of cost of taxi's, buses, etc (please attach receipt)			
<b>Enter the 'GST inclusive' amount</b>			
Reimbursement of air travel (please attach receipt)			
<b>Enter the 'GST inclusive' amount</b>			
Total kms claimed			
<b>Enter kms travelled</b>	\$ -	\$ -	0
Rates paid per kms (return), including GST			
120km to 200km \$44.00			
201km to 520km \$104.00			
521km to 700km \$165.00			
701km to 1100km \$245.00			
>1100km \$300.00			

Note:

If claiming air fares, accommodation or meals, an original tax invoice is required.

Kms are paid as per rates schedule shown and paid per vehicle.

<b>Subtotal (exc GST)</b>	\$ -
<b>GST</b>	\$ -
<b>Total (inc GST)</b>	\$ -

**Payment options: please complete one section**

Direct deposit    BSB no:     Acc no:   
 Acc name:

or  
 Cheque    Payable to: