TAX INVOICE PROFORMA

1/09/10 Date:

Consultant 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

Date of activity	Activity details	
Time claim from	**Time claim to**	**Activity location**
Travel from		**Travel to**

Description		Total (exc GST)	GST @ 10%	Total (inc GST)
Total hours claimed @ $120 per hour				
Enter total hours				
Reimbursement of cost of taxi's, buses, etc (please attach receipt)				
Enter the 'GST inclusive' amount				
Reimbursement of air travel (please attach receipt)				
Enter the 'GST inclusive' amount				
Total kms claimed				
Enter kms travelled				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.

Subtotal (exc GST)	$ -
GST	$ -
Total (inc GST)	**$ -**

Payment options: please complete one section

Direct Deposit BSB No: Acc No:
Acc name:

Cheque Payable to: