

INVOICE PROFORMA

1/09/10

Date:

Consultant Travel and Expenses (no ABN)

From: Company:
 Address:
 Ph & Fax:
 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

Note: Please submit a 'Statement by Supplier' with this invoice. If a 'Statement by Supplier' is not included, the ATO required that we withhold 46.5% of the total amount.

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

Description		Total
Total hours claimed @ \$120 per hour	Enter total hours	\$ -
Reimbursement of cost of taxi's, buses, etc (please attach receipt)		
Reimbursement of air travel (please attach receipt)		
Total kms claimed	Enter kms travelled	0
Rates paid per kms (return)		
120km to 200km	\$40.00	
201km to 520km	\$95.00	
521km to 700km	\$150.00	
701km to 1100km	\$223.00	
>1100km	\$273.00	

Note: **Total (no GST has been charged)** \$ -

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.

Payment options: please complete one section

Direct Deposit BSB: Acc no:
 Acc Name:

Cheque Payable to: