

INVOICE PROFORMA

8/04/11

Date:

Supervisor Travel and Expenses

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

Date of activity	Activity details e.g. supervisor workshop, professional development	
Time claim from	Time claim to	Activity location
Travel from	Travel to	

Description				Total (exc GST)
Total hours claimed @ \$85 per hour				
Enter total hours				
Reimbursement of cost of taxi's, buses, etc (please attach receipt)				
Enter amount				
Reimbursement of air travel (please attach receipt)				
Enter amount				
Total kms claimed				
Enter kms travelled				0
Rates paid per kms (return), excluding GST				
120km to 200km	\$40.00			
201km to 520km	\$95.00			
521km to 700km	\$150.00			
701km to 1100km	\$223.00			
>1100km	\$273.00			
Total (no GST has been charged)				\$ -

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.

Payment options: please complete one section

Direct deposit BSB no: Acc no:
 Acc name:

Cheque Payable to: