

# TAX INVOICE PROFORMA

13/12/10

Date:

## Teacher Incentive Payment (TIP) Program

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

Supervisor name	Registrar name
<input type="text"/>	<input type="text"/>

Activity completed	Date completed enter dd/mm/yy	Total (exc GST)	GST @ 10%	Total (inc GST)
Orientation to the medical practice	<input type="text"/>	\$ -	\$ -	\$ -
Orientation to general practice systems	<input type="text"/>	\$ -	\$ -	\$ -
Orientation to the local community	<input type="text"/>	\$ -	\$ -	\$ -
Teaching a practical procedure	<input type="text"/>	\$ -	\$ -	\$ -
Direct Observation summary	<input type="text"/>	\$ -	\$ -	\$ -
Structured Feedback	<input type="text"/>	\$ -	\$ -	\$ -
Clinical exam case activity	<input type="text"/>	\$ -	\$ -	\$ -
Completing new Workspace Teaching Plan	<input type="text"/>	\$ -	\$ -	\$ -
Case discussion (GPT3 only)	<input type="text"/>	\$ -	\$ -	\$ -
Topic review (GPT3 only)	<input type="text"/>	\$ -	\$ -	\$ -
SuperTIP™	<input type="text"/>	\$ -	\$ -	\$ -

SuperTIP claim can be made after all activities have been completed

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

- Direct observation summary attached
- Supervisor structured feedback summary signed and attached
- Registrar structured feedback summary signed and attached
- Learning goals and teaching plan summary attached

Note:

Completed TIP or SuperTIP activity forms **must** accompany invoice to receive payment.

**TIP activities are paid at \$120 plus GST per activity**  
**SuperTIP are paid at \$360 plus GST**

**Payment options: please complete one section**

Direct deposit      BSB no:       Acc no:   
 Acc name:

Cheque      Payable to: