**TAX INVOICE**

**Name:**

**ABN:**

**Address:**

**Contact Number:**

**E-mail Address:**

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| --- | --- | --- | --- |
| **BILL TO** | Kairos Care and Support Services AustraliaNSW 2015 | **Invoice Number** |  |
| **Date** |  |
| **Due Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description and Date** | **Quantity (No. of Hours)** | **Unit Price** | **Amount** |
|  **In house support (Jan 1, 2020)** |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  | **Total with GST** |  |