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| --- | --- |
| <<Company Name>><<Company ABN>> | INVOICE |
| Address Line 1Address Line 2City, State, PostcodeEmail: Telephone:  | Invoice no.000000 Date:  |
|  InVOICE To:<<Participant Name and NDIS Number>>C/- Pathways To CarePlan Management128 Mollison StreetBENDIGO VIC 3550 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DAte | Description | Claim Type | NDIS SUPPORT Line Item\* | Time(Decimal Format) | Rate | Amount |
| 23/01/2024 | House Cleaning 2 hours 30 minutes | F2F | 01\_020\_0120\_1\_1 | 2.5 | 54.07 | 135.17 |
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|  |  |  |  |  |  |  |
|  |  |  |  |  | GST | N/A |
|  |  |  |  | INVOICE TOTAL |  |

#### please make payment to:

#### Account Name:

#### bsb:

#### account number: