

<b>Invoice To: EIS Health Ltd</b>  <small>Tower A Lvl 5, 201 Coward St, Mascot, NSW., 2020</small>	<b>TAX INVOICE - ABN</b>  (For use by CESP HN External Representatives)
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**Use this form if you have an ABN but cannot generate an invoice yourself**

<b>Invoice Details</b>	(Please include a sequential Invoice No. for reference on the remittance advice) Invoice Number: _____ Date: _____
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<b>Claimant Details</b>	Name:				
	Business Name:				
	Address:				
	Contact Number/s				
	ABN				
	Registered for GST	Yes	No		
<i>Preferred email address for remittance advice:</i> .....					

<b>Banking Details</b> <small>(To be completed on every claim)</small>	BSB:				
	Account Number:				
	Account Name:				
	<small>(Please note: all payments will be paid via eft)</small>				

Date of Activity	Particulars of Activity	Hours	Fee	GST	Total
<b>Total</b>					

I confirm that all details above are correct.

Signature \_\_\_\_\_

[Please complete this invoice template retain a copy for your records](#)