

Invoice To: EIS Health Ltd	TAX INVOICE- No ABN
Tower A Lvl 5, 201 Coward St, Mascot, NSW., 2020	(For use by CESP HN External Representatives)

Use this form if you are a private citizen and you do NOT have an ABN

Invoice Details	(Please include a sequential Invoice No. for reference on the remittance advice)
	Invoice Number: Date:

Claimant Details	Name:	
	Address:	
	Contact Number/s	

EIS Health Ltd will deduct 47% withholding tax unless an ATO 'statement by a supplier' form is provided. Please submit the form if you haven't done so, or if your circumstances have changed.

Link: [ATO Statement by a supplier form](#)

Preferred email address for remittance advice:	
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Banking Details <i>(To be completed on every claim)</i>	BSB:
	Account Number:
	Account Name:
	<i>(Please note: all payments will be paid via eft)</i>	

Date of Activity	Particulars of Activity	Hours	Fee	No GST	Total
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Total of claim				\$ -	

I confirm that all details above are correct.

Signature

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