## **My Local Community Group**

ABN: 41 999 888 777

Registered name and ABN

Registered postal address and phone number

Voices Matter Road My Town WA 6754

Phone: 61 8-9189-5555 Fax: 61 8-9189-4444

Email: someone@citizensrec.org.au

Invoice

Bill To:

Dr Kieren Moffat CSIRO Local Voices PO Box 883 Kenmore Qld 4069

CSIRO Local Voices Contact and Postal Address Invoice number and date of invoice

Invoice No.: 00001

Invoice Date: Day Month 2017

In the Description, insert the number of tokens to be redeemed, the at \$0.50, total value, and the round-up value to nearest \$5

Exclude GST if not applicable

Qty	Description		GST	Unit Price	Total
I		d up to the nearest \$5 = \$70	0.00	\$70.00	\$70.00
I	Promo Bonus @ \$75		0.00	\$75.00	\$75.00
	If applicable, include your Promotion Bonus separate line item. Insert the total value of a provided by CSIRO in your monthly update	he bonus			
		Insert \$ va	lues as	Subtotal	\$145.00
		appropriate	e	GST	\$0.00
				Balance Due	\$145.00

Company contact:  Frading name:  Postal address:  Email address:	Insert additional contact details and/or addition information if different to above, if same insert 'as above'	
Bank: Bank account name: Bank BSB: Bank account no.:	Insert bank account details for payment transfer	

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