TAX INVOICE

**Name:**

**Trading Name (if applicable):**

**ABN:**

**Address:**

**Email:**

**Phone:**

## TO:

**CORRECTIVE SERVICES NSW**

# Centralised Accounts Payable

# PO Box 7065, Sydney NSW 2001

The following numbers must appear on all related correspondence, papers, and invoices:

#  **Date:**

**Invoice Number:**

**Purchase Order:**

**Supplier Number:**

**Smarty Grants Reference Number:**

(E.g. EFR1-0001)

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION****(Please include: Name of program delivered, location, module number, session number and session date)** | **Unit Price** | **Total** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |

**Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank** | **BSB** | **Account Number** | **Account Name** |
|  |  |  |  |

1. The Invoice number is generated by the facilitator and needs to be a unique consecutive number (not duplicated)
2. The supplier’s invoice must:
	1. include the supplier’s full trading name and ABN;
	2. include the relevant Purchase Order number;
	3. refer to one Purchase Order only;
3. be uploaded to Smarty Grants using the forms provided
4. be a valid invoice.