

Company Name

ABN :

INVOICE

INVOICE # 000

DATE: DATE

Postal Address
State, Post Code
Phone: Phone
Fax: Fax
Email: Email

REFERENCE: PROJECT ID

TO:

Local Buying Foundation (*Your State*)
224 Victoria Street,
Mackay, QLD 4740
1800 536 663
info@localbuyingfoundation.com.au

DESCRIPTION	UNIT PRICE	TOTAL
<i>Insert LBF Project ID # (ie – LBF0100 – Project Title)</i>		

SUBTOTAL (EX GST)	
GST	
TOTAL INC GST	

BANK DETAILS

Bank Account Name :

Bank BSB :

Bank Account Number :