

YOUR BUSINESS NAME

YOUR BUSINESS ADDRESS

ACN XXX XXX XXX ABN XX XXX XXX XXX

Ph: XXXX XXXX
Fax: XXXX XXXX
Mob: XXXX XXX XXX

TO
.....
.....

Date:

TAX INVOICE No.:

Order No: A.B.N.

1			\$		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
_____ Parcels per Carrier _____		Handling and Delivery Charges		\$	
				\$	
Del. Doc. No.: _____		G.S.T.		\$	
		NETT 30 DAYS		\$	

TAX INVOICE

Invoice/Deliver to:	Date:	Invoice No:
---------------------	-------	-------------

Qty.	Description			Total
	Boilermaker	@	hrs	
	Boilermaker Overtime	@	hrs	
	Rigger/Trade Assistant	@	hrs	
	Rigger/Trade Assistant Overtime	@	hrs	
	Travel Allowance			
	Lincoln Vantage Generator Welder			

SIGNED/APPROVED	TOTAL EXC GST	
	GST	
	TOTAL	

YOUR DIRECT DEPOSIT BANK DETAILS

Acc Name/ Bank/ BSB/ Account Number/ Payment Terms 14 Days

Factory Address/
Mailing Address/ ABN/xx xxx xxx xxx
Mobile/xxxx xxx xxx Phone-Fax/xx xxxx xxxx Email/

PH XXXX XXX XXX YOUR BUSINESS

No. _____

YOUR
BUSINESS ADDRESS

NAME

Date: ____ / ____ / ____

ABN 29 132 463 596

ORDER No.
▼
.....

Owner/Customer:

Pick-up Point:

DELIVER TO	VEHICLE / ITEM	ID / REG No.	CHARGES

Comments:

Received by:

Signature:

SUB TOTAL	
GST	
TOTAL	

YOUR
LOGO
HERE

your business name

A5 TEMPLATE 8

your business
address
Tel: (xx) xxxx xxxx
Fax: (xx) xxxx xxxx
yourwebsite.com

Company:.....

Attention:..... Date:.....

Tel:..... Fax:..... Delivery date
required:.....

Purchase Order No:

PLEASE SUPPLY:

Quantity	Product Code	Description	Amount	
Total				

For & on Behalf of **Your Business Name** A.B.N xx xxx xxx xxx

IMPORTANT: Please advise drivers/couriers that delivery dockets must be presented or goods may not be acknowledged as received.

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Signed

A5 TEMPLATE 7

YOUR LOGO

Your Business Name

YOUR BUSINESS ADDRESS

P/F (XX) XXXX XXXX M XXXX XXX XXX

EMPLOYEE NAME

EMPLOYEE SIGNATURE

EMPLOYEE ABN

CLIENT

ADDRESS

DAY	DATE	START	FINISH	START	FINISH	TOTAL HOURS	CLIENT AUTHORISATION	OFFICE USE
MON	/ /							
TUE	/ /							
WED	/ /							
THUR	/ /							
FRI	/ /							
SAT	/ /							
SUN	/ /							

OFFICE USE	
M-F TOTAL	
SAT TOTAL	
SUN TOTAL	
P/H TOTAL	

CLIENT AUTHORISATION

The Client's signature shows satisfaction of work and that the hours are true. A permanent release fee will apply should the contractor join the payroll / sub-contract or any other work for the Client. Standard fee is 15% of Gross Salary (Annually) or \$5,000, whichever is greater.

Client's Signature: Date:

Print Name: Date: