[Your business name]

ABN: [11-digit ABN]
NDIS registration no.: [if registered]
[Street address, suburb, state, postcode]
[Email] · [Phone]

INVOICE

Invoice no. **[INV-0001]**
Issue date **[DD/MM/YYYY]**
Due date **[DD/MM/YYYY]**

BILL TO

[Plan manager name] (plan-managed)
or [Participant / nominee] (self-managed)
[Email for invoices]

PARTICIPANT

Name: [Participant's full name]
NDIS number: [9-digit NDIS number]
Service agreement / PO: [optional]

Date of support	Support item number	Support description	Hours / qty	Unit price	Amount
05/10/2026	01_011_0107_1_1	Example: Assistance with self-care, standard, weekday daytime	3	$73.58	$220.74
10/10/2026	01_013_0107_1_1	Example: Assistance with self-care, standard, Saturday	2	$103.54	$207.08

PAYMENT DETAILS

Account name: [Account name]
BSB: [000-000] Account number: [00000000]
PayID: [email or mobile]
Please use the invoice number as your payment reference.

Payment due within [7] days. Invoice within 14 days of the support.

Subtotal	$427.82
Total (AUD, GST-free)	**$427.82**

NOTES

Supports are GST-free under the GST-free supply (NDIS supports) rules. No GST has been charged.
Each line is one support on one date, priced at or below the NDIS Pricing Schedule 2026-27 limit.
Name the participant, not a parent, carer or the plan manager. One participant per invoice.

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