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| <<Insert Business/Support Worker Name>> <<ABN: Insert ABN>>Address Line 1Address Line 2City STATE PostcodeEmail: <<Your email>>Phone: <<Your contact number>> | Tax invoice/INVOICEInvoice: <<INVOICE NUMBER>>Date: <<invoice date>> |
| To:<<NDIS Participant Name and/or NDIS Number>> C/- Essential Plan Support Services PO Box 85 Cannington WA 6987 invoices@essentialplan.com.au  |  |

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| DATE PROVIDED | DESCRIPTION  | ndis support line item\* | hours/qty | RATE | AMOUNT |
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**Please make payment to:**
Account Name: <<Name of your bank account>>

BSB: <<Enter your BSB>>
Account number: <<Enter your account number>>

\**A full list of codes and descriptions of NDIS Support Line Items can be found in the* [*NDIS Pricing Arrangements and Price Limits*](https://www.ndis.gov.au/providers/pricing-arrangements) *document.*