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| <<Insert Business/Support Worker Name>> <<ABN: Insert ABN>> Address Line 1  Address Line 2  City STATE Postcode  Email: <<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.*