

TAX INVOICE

[Your IT Company Name]
[Street Address]
[City, State, Zip]
[ABN/Tax ID Number]

Invoice #: [00001]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Company Name]
[Client Contact Name]
[Client Address]
Service Period:
[Start Date] to [End Date]

Description	Qty/Hrs	Rate	Amount
Managed IT Services - Standard Monthly Seat Premium	[Qty]	[\$[0.00]]	[\$[0.00]]
Cloud Storage & Backup Licensing	[Qty]	[\$[0.00]]	[\$[0.00]]
Remote Support & Network Monitoring	[Qty]	[\$[0.00]]	[\$[0.00]]
On-site Consultancy (Overages)	[Qty]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Tax ([0] %): \$[0.00]

Total Amount: \$[0.00]

Payment Terms: [Net 30 Days]

Bank Details: [Bank Name] | **Account Name:** [Name] | **BSB/Swift:** [Code] | **Account #:** [Number]

Support Desk: [Email Address] | [Phone Number]