

# INVOICE

**[Your Name/Business Name]**

Occupational Therapist

[Registration Number]

[Address Line 1]

[Email/Phone]

INVOICE #

[0001]

DATE

[DD/MM/YYYY]

**BILL TO:**

[Facility/Client Name]

[Department/Ward]

[Address Line 1]

[Contact Person]

**PAYMENT DETAILS:**

Bank: [Bank Name]

Account Name: [Name]

Account Number: [Number]

BSB / SWIFT: [Code]

Date	Shift Description / Ward	Hours	Rate	Subtotal
[Date]	[Weekday Shift]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Date]	[Weekend/Public Holiday]	[0.00]	[\$[0.00]]	[\$[0.00]]

Date	Shift Description / Ward	Hours	Rate	Subtotal
[Date]	[Travel/Mileage/Expenses]	-	-	[\$0.00]

Subtotal: \$0.00

Tax (if applicable): \$0.00

Total Amount: \$0.00

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Terms: Please pay within [14] days of invoice date.  
Thank you for your business.