

TAX INVOICE

[Law Firm Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: [00000]
Date: [Date]
Matter Ref: [Property Address/Ref]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

PROPERTY DETAILS:

[Full Property Address]
[Folio/Title Reference]

Description of Professional Services	Amount
Professional Fees (Conveyancing/Legal Work)	0.00
Title Search Fees	0.00
Registration / Lodgement Fees	0.00
Postage, Couriers & Admin Disbursements	0.00

Subtotal: 0.00

Tax (VAT/GST): 0.00

Total Due: [Currency Symbol] 0.00

Payment Terms: Payable upon receipt or at time of settlement.

Bank Account: [Bank Name] | **Account Name:** [Name] | **IBAN/Swift:** [Code]

Thank you for your business.