

# INVOICE

Provider Name	
Invoice Number	
ABN	
Invoice Date	

Phone:	
Email:	

**To**  
**South East Care – Plan Management**  
info@southeastcare.com.au  
03 9070 5230  
PO Box 81, Holmesglen, 3148, Chadstone

## NDIS Participant Reference

Name:	
NDIS No:	
Address	

Service Description*	Service Date*	Support Item Number	Rate*	Quantity*	Amount*
<b>Total</b>					
GST					N/A
<b>Total Payable</b>					

## Account Details:

Account Name	
BSB	
Acc No	

Please contact us should you have any questions,

Kind Regards,