

YOUR COMPANY NAME

ABN: 00 000 000 000

Ph: 0499 999 999

123 Any Street
ANYWHEREIN NSW 2999

name@youremail.com.au

TO: Advantage Plan Management

PARTICIPANT: Clients Name

INVOICE No. 555

NDIS Number: 430999999

INVOICE DATE: 01/01/2025

DATE	SUPPORT LINE #	SUPPORT ITEM NAME	SERVICE TYPE	HOURS	RATE	TOTAL
18/12/2024	01_011_0107_1_1	Assistance With Self-Care Activities - Weekday 3.15 pm - 4.00 pm - as per Service Agreement	PROVIDER TRAVEL	0.5	67.56	33.78
18/12/2024	01_011_0107_1_1	Assistance With Self-Care Activities - Weekday 4:00 pm - 8:00 pm	DIRECT	4.00	\$67.56	\$270.24
18/12/2024	01_015_0107_1_1	Assistance With Self-Care Activities - W/day Evening 8:00 pm - 9:30 pm	DIRECT	1.50	\$74.44	\$111.66
18/12/2024	01_010_0107_1_1	Assistance With Self-Care Activities - Sleepover 9.30 pm FRI - 6.00 am SAT	DIRECT	1.00	\$286.56	\$286.56
19/12/2024	01_011_0107_1_1	Assistance With Self-Care Activities - Weekday 6:00 am - 10:00 am 1.00 pm - 4:00 pm	DIRECT	7.00	\$67.56	\$472.92
19/12/2024	04_104_0125_6_1	Access Community Social and Rec Activ - Weekday 10:00 am - 1:00 pm	DIRECT	3.00	\$67.56	\$202.68
19/12/2024	04_590_0125_6_1	Activity Based Transport - Per KM	DIRECT	64.00	\$0.99	\$63.36
20/12/2024	01_011_0107_1_1	Assistance With Self-Care Activities - Weekday 9.00 am - 12.00 pm - As per Times stated in service agreement * Participant Cancelled with 24 hours of service * Provider Travel: Not Claimable	Cancellation	3.00	\$67.56	\$202.68
21/12/2024	01_013_0107_1_1	Assistance With Self-Care Activities - SATURDAY 8.15 am - 9.00 am - as per Service Agreement	PROVIDER TRAVEL	0.5	95.07	47.535
21/12/2024	01_013_0107_1_1	Assistance With Self-Care Activities - SATURDAY 9.00 am - 2.30 pm	DIRECT	5.5	95.07	\$522.89
					TOTAL	\$2,214.30
Payment Due as per NDIS Guidelines						

PAYEMENT DETAILS;

Bank Acc Name: YOUR COMPANY NAME

BSB: 000-000

Bank Acc# 0000 0000

SEND REMITTANCES TO: name@youremail.com.au

>> Please note - THIS IS EXAMPLE INVOICE IS A GUIDE ONLY - Which is used to help with demonstrating the correct formatting of invoices. It is the responsibility of the provider to ensure that their invoices have the correct codes. It is also the responsibility of the provider to ensure that their invoices are accurate.

PROVIDER TRAVEL: (often referred to as "Travel")	Is just the provider in the vehicle travelling to the participant * this must be discussed with the participant and should be in a written service agreement Travel codes - UNITS IN KILOMETRES; xx_799_xxxx_x_x (eg 01_799_0104_1_1 or 04_799_0125_6_1) Use "DIRECT" in "SERVICE TYPE" Column Travel codes - UNITS IN HOURS; is the same line number as main service - However Use "Provider Travel" in "SERVICE TYPE" Column * Please refer to the NDIS price guide for the rules regarding provider travel
ACTIVITY BASED TRANSPORT:	When the participant is in the provider's vehicle travelling to and from different locations - UNITS are in Kilometres *Activity Based Transport does not need to be in a service agreement Transport codes 04_59x_xxxx_6_1 (eg 04_590_0125_6_1) - Use "DIRECT" in "SERVICE TYPE" Column