TAXABLE SUPPLY INFORMATION

Client's Name Address Line 1

Address Line 2 City, Post Code

Client's NZBN

**Business** **name** **Date**

**Invoice** **No.** **GST** **No.**

**NZBN**

(Business name) (Date)

(Invoice No.) (GST No.) (NZBN)

**Description** **Quantity** **Unit** **Price** **Amount**

**Subtotal** **GST**

**Amount** **Due**

Invoice to be paid to account (enter Account Number)

Due date (enter due date)

Company Name Address Line 1

**Notes**

Address Line 2 City, Post Code

Phone Mobile

Email