## CONTRACTOR'S TAX INVOICE

TUTOR'S NAM	E	Tutor's Address
ABN #		Phone #
CLASS/WORKSHOP NAME		e.mail Address
BILLING INFOR	RMATION (SORPC NAME & ADDRESS)	
DATE OF SERVICE		INVOICE #
NO. OF	RATE PER HOUR	TOTAL PAY
HOURS		
INVOICE FOTAL		
For Electronic	Funds Transfer (EFT)	
NAME OF ACC	OUNT:-	
BSB:-		

Account #