TAXABLE SUPPLY INFORMATION

|  |
| --- |
| Client's Business Name |
| Address Line 1 |
| Address Line 2 |
| City, Post Code |
| Client's NZBN |
|  |

|  |  |
| --- | --- |
| Business name | (Business name) |
| Date | (Date) |
| Invoice No. | (Invoice No.) |
| GST No. | (GST No.) |
| NZBN | (NZBN) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **Unit Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Subtotal** |  |
|  | **GST** |  |
|  |  |  |
|  |  |  |
|  | **Amount due** |  |

Invoice to be paid to account: *(enter Account number)*

Due date: *(enter due date)*

**Notes**

Company name

Address line 1

Address line 2

City, Post Code

Phone

Email