



Northern Sydney GP Network GP Sessional Tax Invoice

Activity / Project Name: _____

Doctor's name: _____

Company Name: _____

(Optional) _____
Please include the name of your registered medical practice/company (if relevant for ABN)

Address: _____

Street

Suburb

Postcode

ABN: _____

- Please note 46.5% withholding tax will be deducted if ABN is not provided
- Are you registered for GST ? Select Yes / No Yes

Office use only

DATE OF ACTIVITY	DESCRIPTION	HOURS SPENT IN ACTIVITY	HOURLY RATE Incl GST	GST	AMOUNT	JOB CODE
			\$ 148.50	\$ -		
		TOTAL including GST				

Authorised by: _____

Signature _____

GP Signature: _____

Date: _____

PLEASE NOTE THAT THIS INVOICE NEEDS TO BE SUBMITTED ASAP

Fax back to NSGPN on 9410 1816

Note: Our rate for payment is \$148.50 per hour (GST inclusive). Maximum daily payment of \$1001

EFT details _____

Bank _____

BSB _____

Account Number _____

In the name of _____