


ACCESS TO ALLIED HEALTH SERVICES PROJECT
Partnerships in Practice:

TAX INVOICE			
Purchase Order number (office use only): <input style="width: 100%; height: 20px;" type="text"/>	<table border="1" style="width: 100%;"> <tr> <td style="padding: 2px;">Psychologist ABN:</td> </tr> <tr> <td style="padding: 2px;">Patient ID Number ONLY (patient's name not required) (UI): _____</td> </tr> </table> <p>Please forward this claim for payment to Office Administrator Suite 103, 35 Spring Street, Bondi Junction, 2022 or fax to (02) 9387 4175; Ph: (02) 9389 0874</p> <p>The payment per session is \$120 GST inclusive.</p>	Psychologist ABN:	Patient ID Number ONLY (patient's name not required) (UI): _____
Psychologist ABN:			
Patient ID Number ONLY (patient's name not required) (UI): _____			
	Payment to be made to: (psychologist's contact details)		
Patient Attended:	Name: Address: Phone:		
Patient did not attend:	Dates:		

****Note: Payment for non attendance paid for 1 session ONLY. Please send only 2 invoices in total (following 1st & 6th session with dates).**

ESDGP QMS – ATAPS Tax invoice	May 2008
Version 2	Q:\4. ESDGP Forms and Quality Manuals\4.2.4 ESDGP QMS Forms and Templates\Programs\ATAPS Forms and Templates\Purchase Order for AHP Service_07 (2).doc