

INVOICE

DATE:

INVOICE #

BUSINESS NAME:

ABN:
Australian Business Number

ADDRESS:

TO:

NT Mental Health Coalition
7/18 Bauhinia Street
Nightcliff NT 0810
ABN. 85 394 277 399

CONTACT PERSON	SERVICE	PAYMENT TERMS	DUE DATE
	MENTAL HEALTH WEEK 2023 MINI GRANT	Due on receipt	

DESCRIPTION	UNIT PRICE	LINE TOTAL
MENTAL HEALTH WEEK MINI GRANT ACTIVITY		
	SUBTOTAL	
	GST (IF INCLUDED)	
	TOTAL	