

TAX INVOICE

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|---|--|
| Applicant Name: | |
| Contact Person: (Where the applicant is a group/ organisation) | |
| Invoice Number: | |
| Invoice Date: | |
| Invoice To: | Whitsunday Regional Council PO Box 104 PROSERPINE QLD 4800 |
| RADF GRANT RECIPIENT DETAILS | |
| Name: | |
| Address: | |
| ABN: | |
| BRIEF DESCRIPTION OF SUPPLY | |
| | |
| | |
| Invoice Amount: | |
| GST Amount: (if applicable) | |
| Total: | |
| BANKING DETAILS | |
| Name of Bank: | |
| BSB: | Account No.: |

****The invoice amount equals the RADF grant Council has approved for your application. If you are registered for GST, you will need to 'gross up' or add to the total amount.***