

Assessment Consultant Invoice

Date:

From: Name:

Address:

Email: GST No:

Bank Account Number for direct credit of payment:

|  |  |
| --- | --- |
| |  | | --- | | Invoice Number: Assessment Date:  Property assessed:  Host(s) Name(s):  Address:  Assessment Fee: New Host ($50) $  or Current Host ($40) $  Number of kilometres travelled: @ 72 cents per km equals $  Accommodation: (*prior approval & receipts required*) $  Total $ | |
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Summary of Invoices Page 1: Invoice No. $

Invoice No. $

Sub Total $

GST (if registered) $

Total Owing Page 1 $

Please email invoices with the completed Assessment Schedule:

Janet Dixon, Assessment Coordinator

e. [anchordownbbpictonnz@gmail.com](mailto:anchordownbbpictonnz@gmail.com)

|  |  |
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Summary of Invoices Page 2: Invoice No. $

Invoice No. $

Sub Total $

GST (if registered) $

Total Owing Page 2 $

TOTAL OF PAGES 1 & 2 Page 1 $

Page 2 $

Total Owing $

Please email invoices with the Assessment Schedule to:

Janet Dixon, Assessment Coordinator

e. [anchordownbbpictonnz@gmail.com](mailto:anchordownbbpictonnz@gmail.com)