TAX INVOICE

NAME: _____ **ABN**: _____ **DATE:** _____

Pay cycle is Monday to Sunday. Tax Invoices **MUST be signed and received by no later than Monday 5pm for payment Tuesday. Tax Invoices not received by this time, unfortunately will not be able to be processed until the following week.*

LOCATION	DATE	TIME COMMENCED	TIME FINISHED	BREAK	HOURLY RATE ($)	TOTAL HOURS	TOTAL ($)
						SUBTOTAL	
						GST (if applicable)	
						TOTAL:	

PAYMENT DETAILS (must be supplied)
BSB:
ACC NO.:
ACC NAME:
REGISTERED FOR GST: Y ☐ N ☐

***Note**: This section **must** be completed if you have worked a shift that differs in any way to what was confirmed*

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

REASON: _____

Candidate signature certifies that

- *the details entered on this timesheet are true and correct*
- *you have read and accept Australian Medical Placements Terms and Conditions*

CANDIDATE SIGNATURE: _____ **DATE:** _____

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