

TAX INVOICE

FROM:

ABN:
Name:
Address:
Telephone:
Email:

TO:

Department of the Premier and Cabinet Arts and Cultural Policy Level 12, 200 Victoria Square ADELAIDE SA 5000 ABN: 94 500 415 644

Invoice Date:
Invoice Number:

Description of Items		
		GST
		TOTAL (incl. GST)

BANK DETAILS
Institution:
Name on Acct:
BSB:
Acct #: