|  |  |
| --- | --- |
| Student Group Name (include Student Group Logo)  Student Group Address  City, St Postcode  **Phone:** Enter phone **Email:** Enter email  **ABN:** | INVOICE **Invoice #**Number  **Date:** Enter date |
| To: Charles Darwin University  Casuarina Campus  Darwin, NT | For: Project, Event or Activity  Description/ Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION | DATE |  |  | Total (aud) |
| Enter description 1 |  |  |  | Amount |
| Enter description 2 |  |  |  | Amount |
| Enter description 3 |  |  |  | Amount |
| Enter description 4 |  |  |  | Amount |
| Enter description 5 |  |  |  | Amount |
| Enter description 6 |  |  |  | Amount |
| Enter description 7 |  |  |  | Amount |
| Enter description 8 |  |  |  | Amount |
| Enter description 9 |  |  |  | Amount |
| Enter description 10 |  |  |  | Amount |

|  |  |  |
| --- | --- | --- |
| **TOTAL** |  | AMOUNT |

**Make all payment to:** **Bank:** **BSB:** **Account:** Student Group Name (include Student Group Logo)

Total due in 15 days from issue.

Thank you for your business!