|  |
| --- |
| **Invoice****Please complete if you are NOT registered for GST** |
| **Invoice To:**  | Wagga Wagga City CouncilPO Box 20Wagga Wagga NSW 2650 | **Date:** |
|  |
| **Claimants Name:** |  |
| **Claimants Address:** |  |
| **Claimants Email:**  |  |
| **ABN:** ***Note: if you do not hold an ABN please submit a Statement by Supplier form.*** |  |
| **Description of Goods or Service:** | Wagga Wagga City Council Annual Grants Program 2024/25 |
| **Project Name/Title:** |  |
| **Total Amount payable:** ***No GST has been charged.*** |  |
| **Account Name:** |  |
| **Bank:** |  |
| **BSB:** |  |
| **Acc No:** |  |