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| --- |
| **Tax Invoice****Please complete if you are registered for GST** |
| **Invoice To:**  | Wagga Wagga City CouncilPO Box 20Wagga Wagga NSW 2650 | **Date:** |
|  |
| **Claimant’s Name:** |  |
| **Claimant’s Address:** |  |
| **Claimant’s Email:**  |  |
| **ABN:**  |  |
| **Description of Goods or Service:** | Wagga Wagga City Council Annual Grants Program 2025/26 |
| **Project Name/Title:** |  |
| **Total (excl GST):**  |  |
| **Total GST Payable:**  |  |
| **Total Amount Payable (incl GST):**  |  |
| **Account Name:** |  |
| **Bank:** |  |
| **BSB:** |  |
| **Acc No:** |  |