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| --- | --- | --- |
| **Tax Invoice**  **Please complete if you are registered for GST** | | |
| **Invoice To:** | Wagga Wagga City Council  PO Box 20  Wagga Wagga  NSW 2650 | **Date:** |
|  |
| **Claimants Name:** |  | |
| **Claimants Address:** |  | |
| **Claimants Email:** |  | |
| **ABN:** |  | |
| **Description of Goods or Service:** | Wagga Wagga City Council Annual Grants Program 2024/25 | |
| **Project Name/Title:** |  | |
| **Total (excl GST):** |  | |
| **Total GST Amount Payable:** |  | |
| **Total Amount Payable (incl GST):** |  | |
| **Account Name:** |  | |
| **Bank:** |  | |
| **BSB:** |  | |
| **Acc No:** |  | |