Support at Home Invoice Template

TAX INVOICE

Date
Invoice Number

Provider Name
Business Address
Email Address
Phone Number
ABN

Invoice to: PlanCare Holdings Pty Ltd

Client Name: Joe Bloggs
Client Address: 123 Simple St, Leederville, Perth WA

	Item & Description	Qty	Rate	Amount
1	**Patricipant Support at Home Category** *(Everyday Living, Clinical or Independence)* **e.g Everyday Living Support** **Add Services** *(not service type)* *You can find the latest list here* e.g General house cleaning **Shift Notes** *(Exact time and description of support provided)* Example: 22/6/2026 Started: 12pm finished 2pm. Duration 2 hours. Assisted client with general house cleaning - vacuuming, mopping. Cleaned kitchen and washed dishes for client.	2 hours	$85.00	$170.00
EXAMPLE 2	**Independence Support** Assistance with self-care and daily living activities. **Shift Note** 22/6/2026 Started at 2pm and finished 3.30pm. Duration 1.5 hours. Assisted client with on-going needs such as eating and hygiene.	1.5 hours	$90.00	$135.00
			Net Total	$305.00
			GST 10%	$30.50
			Total	**$335.50**

Payment Details

Bank Account Name
BSB
Account Number
Send Remittance Advice to (add email address)