|  |  |  |
| --- | --- | --- |
| **TAX INVOICE** |  |  |
| To: Ministry of Health  PO Box 5013, WLG 6140  Re: Staff Influenza Vaccination Reimbursement |  | Invoice Date: Date  INVOICE NUMBER: ##  GST NUMBER: ## |
|  |  | Name  Company Name  Street Address City, ST ZIP Code  Phone  Email |

|  |  |  |  |
| --- | --- | --- | --- |
| DESCRIPTION | QUANTITY | Unit Price | AMOUNT |
|  |  |  |  |
|  |  | SUBTOTAL |  |
|  |  | TOTAL GST (15%) |  |
|  |  | TOTAL NZD |  |

Please pay direct credit to bank account: [bank account number]

**PAYMENT ADVICE**

**Customer: Ministry of Health**

**Invoice Number : [#]**

**Amount Due: [$$]**

**To:**

Company Name

Street Address  
City, ST ZIP Code

Phone

Email