**Tax Invoice**

|  |  |
| --- | --- |
| **Invoice to:**  | Ministry of Social DevelopmentPO BOX 1556 Wellington 6140 |
| **Invoice from:** |  |
| Name  |  |
| Address Details  |  |
| Email Address  |  |

|  |  |
| --- | --- |
| **Date**  |  |
| **Invoice Number**  |  |
| **Reference**  | Community Capability and Resilience Fund  |
| **GST Number****(if registered)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description**  | **Quantity**  | **Unit Price**  | **Amount NZD**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Subtotal**  |  |
| **Total GST** |  |
| **Total NZD** |  |

|  |
| --- |
| **Payment can be made to** |
| **Name of Bank** |  |
| **Name of Account Holder** |  |
| **Bank Account no**  |  |