

**(Response Name) Response – (Location)**  
**(mm/yy Response Started)**  
**Invoice Information Sheet**

Invoices for services are to be sent to **(First Name & LastName of AsureQuality's Logistics Coordinator)** at the address above.

**Rates of Payment.**

**(Summarise Agreed Rates example below)**

Time is to be invoiced at a rate of (\$) per hour + GST (if applicable)

Motor vehicle running is to be invoiced at (\$0.00) cents per kilometre + GST (if applicable)

**(Enter further Reimbursement details as applicable)**

**How accounts will be paid**

We will only be paying direct to bank accounts, so please ensure the following information is detailed on your invoice:

- Bank
- Branch
- Account name
- Full account number

In order to avoid delays please also attach a Bank Deposit Slip

**Invoices**

GST registered:

A GST tax invoice is to be provided covering all costs (use your own normal invoice)

Non GST Registered:

The attached template invoice is to be completed covering all costs

**Supporting Information**

**ALL** invoices (both GST and non GST registered) are to be supported with complete details of work undertaken on the attached form titled – **“(Enter Name of Response, Location and Date as per Heading above) Invoice Supporting Documentation”**

**IMPORTANT NOTE:** if supporting documentation is not provided, delays in payment will occur while we verify details. Reimbursement will only be made for pre approved and verifiable hours/expenses.

**(First Name LastName of AQ Biosecurity Logistics Coordinator)**  
**(Title)**  
**(Location)**





## Invoice – Non GST Registered

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: **AsureQuality Limited, HAMILTON**

### SERVICES RENDERED – (Enter Name of Response, Location and Date as per Heading above)

Reimbursement of (Enter Details eg: Labour and vehicle costs) (as per attached (Enter Name and Location of Response) Invoice Supporting Documentation)

(Complete Reimbursement Details as per Example Below)

Total Hours \_\_\_\_\_ @ (\$0.00 Enter Rate) \$ \_\_\_\_\_

Total Km's \_\_\_\_\_ @ (.00 cents Enter Rate) \$ \_\_\_\_\_

Other Items please detail and attach receipts \$ \_\_\_\_\_  
\_\_\_\_\_

Total \$ \_\_\_\_\_ (NIL GST)

Contact Phone Number: \_\_\_\_\_

### COMPLETE BANKING DETAILS BELOW - PLEASE ALSO ATTACH BANK DEPOSIT SLIP PLEASE "PRINT CLEARLY"

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account name: \_\_\_\_\_

Account No (FULL Details): \_\_\_\_\_

*(Office Use)*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

(Approved by Operations Logistics Managers/ Logistics Coordinator only)

Print Name: \_\_\_\_\_ Date Sent to Finance for Payment: \_\_\_\_\_

Retain Copy for Financial & Auditing Purposes

**Code: (ENTER FULL RESPONSE CHARGE CODE)**

