

NDIS INVOICE

Template for providers billing NDIS participants, plan managers or related parties



Invoice number

Invoice date

Due date

1. Provider / Supplier details

Business / trading name

ABN

Provider NDIS registration no.

Address

Email

Phone

Bank account name

BSB

Account number

Payment reference

Payment reference can be invoice number or agreed remittance reference.

2. Participant and billing details

Participant full name

Participant NDIS number

Participant / nominee email

Participant address

Plan Manager

Plan Management email for Inquiries

Plan Management email for Invoicing

Phone

3. Services delivered

Complete one row per support item/date range. Confirm prices against current NDIS Pricing Arrangements and your agreement before submitting.

Date(s)	Support item	Claim type	Description	Qty/hrs	Unit price	GST	Line total

More service rows continue on page 2.

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3. Services delivered - continued

Complete one row per support item/date range. Confirm prices against current NDIS Pricing Arrangements and your agreement before submitting.

Date(s)	Support item	Claim type	Description	Qty/hrs	Unit price	GST	Line total

Payment notes / remittance

Subtotal	
GST total	
Total due	

4. Submission checklist

- ☐ Business name, ABN or supplier statement exemption included.
- ☐ Participant name and NDIS number completed.
- ☐ Support dates, item numbers, quantities / hours and prices entered.
- ☐ GST component shown if applicable, or invoice checked as GST-free where relevant.
- ☐ Bank details and total amount due completed.

Template note

This template is for invoice preparation only. Confirm GST, pricing, claim type and evidence requirements before issuing or approving invoices.
Each invoice should relate to one participant and include complete service details for each support delivered.