Life!

Taking Action on Diabetes

Recipient Created Tax Invoice

Service Provider: .....

Facilitator(s): .....

Provider Contact: .....

Address: .....

Telephone: ..... **Provider Invoice No:** .....

ABN: ..... **Invoice Date:** .....

Group ID _____ **Session (1/5)** _____

Participant ID	Low/Medium Income	Unit Price	GST	Total	(DA-Vic Use Only)
	☑				☑
	☐				☐
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	☐				☐
			Total		☑

DA-Vic Office Use Only Invoice No: _____ Date Rec: _____

Call 13 RISK (13 7475) or visit goforyourlife.vic.gov.au/life

diabetes australiavic

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