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|  | **Tax invoice** |

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| **Date:** **Invoice Number:**  |

|  |  |
| --- | --- |
| **Tax Invoice to:** Marine Rescue WhitfordsTreasurerPO Box 337Hillarys WA 6923ABN: 87 201 171 108 | **From:**  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Description**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **GST Exclusive** | **GST 10%** | **TOTAL** |
|   |   |   |  |
|  Reimburse CPR course undertaken by Member - |   |   |  |
|  Reimburse Influenza Vaccination (Maximum $20.00) |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|  WVMR Account code 6-1150 Medical Expenses |   |  |  |
|  DFES Job Number 21 – Medical Expenses |   |  |  |
|   |   | **Balance Due**  | $ |

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| EFT details and Notes: Please note we cannot refund to a credit card.Bank NameBranch Name: BSB: Account Number: **Please note: Providers paid account must be returned with this form.** |
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