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|  | **Tax invoice** |

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

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| **Tax Invoice to:**  Marine Rescue Whitfords  Treasurer  PO Box 337  Hillarys WA 6923  ABN: 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 Name  Branch Name:  BSB:  Account Number:  **Please note: Providers paid account must be returned with this form.** |
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