

Ph: 03 9096 5139
Fax: 03 9096 8726

PHARMACOTHERAPY DISPENSING SUPPORT PROGRAM

TAX INVOICE¹

<p style="text-align: center;">PHARMACY DETAILS²</p> <p>ABN:</p> <p>Vendor No.³</p>	<p>Send Invoice to:</p> <p>AOD Service Development ATTN: Elma Rabago Department of Health GPO Box 4541 MELBOURNE 3001</p> <p>or fax to: 03 9096 8726</p>
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<p>Client:</p> <p>Client Reference No.:</p>
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DATE FROM:	DATE TO:	No. of days on dosing program ⁴	AMOUNT (@ \$5 per day)	GST ⁵	TOTAL (GST incl.)
			\$	\$	\$

Example

DATE FROM	DATE TO	No. of days on dosing program	AMOUNT (@ \$5 per day)	GST	TOTAL (GST incl.)
1/07/03	20/07/03	20	\$100.00	\$10.00	\$110.00

<p>I certify client has been dosed with methadone and/or buprenorphine between the dates shown.</p> <p>..... / / Print Name and Signature Date</p>
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<p>NOTES:</p> <ol style="list-style-type: none">1. A separate Tax Invoice must be completed for each client.2. Include your ABN number when providing Pharmacy details (name of pharmacy, address, contact no., fax no.)3. Vendor number will be provided by the Department of Health after your first Invoice4. Show number of days client was on the program at your pharmacy in period.5. GST is payable on this supply. <p>If you have any questions, or would like an electronic copy of this Invoice, contact Alcohol and Other Drug Service Development on 9096 5139.</p>
