

Tax Invoice

DATE _____

To

Port Augusta Cultural Centre – Yarta Purtli
 PO Box 398
 PORT AUGUSTA SA 5700

For:

Sale of artwork/s

\$

GST inclusive

From:

artists' name

postal address

town

Payment Details

EFT

ABN #

NO ABN?

Artist is reqd to fill out "Statement by Supplier" form

BANK DETAILS

BSB: _____

ACCOUNT NO: _____

ACCOUNT NAME: _____

Signature of Artist
