



# Workshop Facilitator Claim Form

(ABN 67 131 543 229)

## Tax Invoice

1. Facilitator's Name, and or Company Name

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2. Date

Venue

State

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3. Facilitator's ABN

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4. Facilitator's BSB and Bank Account (for payment by EFT)

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5. Facilitator's Postal Address (for payment by cheque)

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6. Are you registered for GST Yes \_\_\_\_\_ No \_\_\_\_\_

7. Facilitator's Invoice Details (if providing an invoice)

Invoice No.	Invoice Date.	\$ (excl. GST)	\$ (GST)	\$ (incl. GST)
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8. Facilitator's Signature

Date

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Mental Health Professionals Network  
PO BOX 203  
FLINDERS LANE, MELBOURNE, VIC, 8009  
FAX (03) 9639 8936

**Workshop Facilitator Forms must be received by MHPN  
within 30 days of the workshop**