

TAX INVOICE

To: NZLocums
 NZ Rural General Practice Network
 PO Box 547, Wellington, 6140
 Phone: 04 472 3901
 Fax: 04 472 0904
 Email: enquiries@nzlocums.com

Date:

Admin Use Only:

LS	
IT	
LT	
TTTPHO	
UIP	

Initial:

Locum _____

Admin Fee _____

From:

Locum full name:.....

GST #:

Practice covered:

Fortnight starting: Fortnight ending:.....

Total # of sessions: @ \$..... per session \$

Total # of on-call sessions:..... @ \$..... per session \$

Total # of weekend sessions: @ \$..... per session \$

Plus GST @ 15% (if GST registered): \$

Less NRCT @ 15% (if applicable): \$

Mileage: kms @ 0.72c/km \$

Amount to be reimbursed or deducted. Please list below in detail.

Receipts are required for reimbursement.

..... \$

..... \$

..... \$

Payment Total: \$

Locum signature:

**TIMESHEETS AND INVOICE MUST BE FAXED TO NZLOCUMS- 04 472 0904 OR
 EMAILED enquiries@nzlocums.com BY MONDAY 12PM EACH FORTNIGHT**