

TAX INVOICE

To: NZLocums & NZMedJobs
 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	
Mahitahi	
U/P	
PERL	
Initial:	
Locum _____	
Admin Fee _____	

From:

Locum full name:.....

IRD / 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 \$

SUBTOTAL of sessions:..... \$

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

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

Mileage (if applicable): kms @ 0.79c/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 & NZMedJobs - 04 4720904 or emailed to enquiries@nzlocums.com by Monday 12pm each fortnight.