



TAX INVOICE

To: NZLocums
NZ Rural General Practice Network
PO Box 547, Wellington, 6140
Phone: 04 472 3901
Fax: 04 472 0904

Admin Use Only:

ST	
LT	
IT	
NC	
HPOH	

RA:

Date:

From: Locum: Dr:

GST:

Practice Covered:.....

Week Starting: Week Ending:

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

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

Mileage: Km's @ 0.70c/km \$

Any other items claimed or deducted please list below in detail
(as pre-arranged with NZLocums).....

.....
.....
.....
..... \$

I have attached receipts as requested

I have attached timesheet.

Payment Total: \$

Signed:

**TIMESHEETS AND INVOICE MUST BE FAXED TO NZLOCUMS:
04 472 0904 MONDAY**