TAX INVOICE* / STATEMENT*

TAX INVOICE* / STATEIVIET (* DELETE AS APPROPRIATE)	DATE 16/7/19
ABN (of Recipient) FROM (COL) Scholl Roof plum)	
ABN (of Supplier) 31 600 623 CILY DESCRIPTION OUR COMPACT OUR AT DOMAN WIFE DESCRIPTION OUR COMPACT OUR AT DOMAN WIFE WENTAL SURGERY \$14750	PRICE G.S.T. TOTAL
Total includes G.S.T.	TOTAL INCLUSIVE OF G.S.T. \$4750 · W