ELECTRONIC RECORDING AND REPORTING OF CONTROLLED DRUGS (ERRCD) INITIATIVE

s47G(1)(a)

Deliverable Location	Deliverable	2010-11	2011-12	2012-13
s47G(1)(a)				
MSIA				
s47G(1)(a)	4. Vendor Conferences			121,400.00 (133,540.00)
	5. Controlled Drug Electronic Register Vendor Resource Document			74,400.00 (81,840.00)
DLA PIPER		s47G(1)(a)		
s47G(1)(a)	6. Privacy Impact Assessment			
	7. Draft Memorandum of Understanding			
DHHS TASMANIA				
s47G(1)(a)	8. First Instalment Payment		200,000.00 (220,000.00)	
	s47G(1)(a)			
	10. Second Instalment Payment			150,000.00 (165,000.00)
XVT SOLUTIONS				
s47G(1)(a)	11. Project Initiation Payment	s47G(1)(a)		

s47G(1)(a)	12. Progress Payment 1	s47G(1)(a)		
	13. Progress Payment 2			
	14. Phase 1 Development Complete Payment			
	15. Hosting Set Up Fee			
	16. Phase 2 Progress Payment 1			
	17. Phase 2 Development Complete Payment			
	18. Hosting Charges 13/8/12-13/11/12			
	19. Hosting Charges 14/11/12-13/02/13			
	20. Hosting Charges 14/02/13-13/05/13			
CORDELTA				
s47G(1)(a)	21. Threat Risk Assessment			45,000.00 (49,500.00)
ICT & CORPORATE SUPPORT				
s47G(1)(a)	22. IT Advice and Support July 2011 to June 2012	s47G(1)(a)		
	23. IT Advice and Support July 2012 to June 2013			
	TOTAL	**59,225.50**	**762,790.48**	**3,140,135.80**

Ajilon

s47G(1)(a)

s47G(1)(a)

TAX INVOICE

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	14/08/2013
Customer ID:	s47G(1)(a)
Payment Terms:	s47G(1)
Due Date:	s47G(1)

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH:	**JOB NO:**	**CLIENT REFERENCE:**
Icon - Canberra	s47G(1)(a)	
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**
-		

Name **Description**	**Period Ending**	**Quantity**	**Rate**	**Net Amount**
PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes				
-s47G(1)(a)	-			
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
				s47G(1

Net Total:	s47G(1)
GST:	s47G(1)
INVOICE TOTAL:	s47G(1)

* *denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)
Postal: s47G(1)(a)
EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No:	s47G(1)(a)
Customer ID:	s47G(1)(a)
Amount Due:	s47G(1)(a)
Invoice Date:	14/08/2013
Due Date:	s47G(1)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Commonwealth Department of Health and Ageing	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G (1)(a)
	Canberra ACT 2601	Term:	s47G(1) (a)
Invoice Date:	28/08/2013		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/5/2013 - 13/8/2013	s47G(1)(a)	s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD workshop
Organisation:	Commonwealth Department of Health and Ageing	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G(1)(a)
	Canberra ACT 2601	Term:	s47G(1)(a)
Invoice Date:	14/09/2013		

Description	Quantity	Unit Price	Cost
s47G(1)(a)	s47G(1)(a)	s47G(1)(a)	s47G(1)(a)
s47G(1)(a)		s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

Transaction Type
Intercompany Transfer

Filing Document No.
Accounts use only

Customer Number:	**Customer Name:**	**Company Code**
s47G(1)(a)	Department of Health & Ageing	s47G(1)(a) Please Select

Invoice to be attached to XComp or XProgram, Bill, Outcome Claim for Payment and processed by Accounts Payable.

Reference:		**Amount:**	s47G(1)(a)

Text to appear on Invoice:	ERRCD IT Contractor Expenditure for June 2013 (from TRaCR)

Reason for original payment being made from incorrect appropriation source:
Expenses posted to Departmental instead of Administered funds by
s47G(1)(a)

Supporting Documentation has been attached:	Yes

Contact Officer for queries:	Name: s22(1)(a)(ii)	Ext: s47G(1)(a)

No further selection is required if Appropriation Type is Departmental

OLD (INCORRECT) Source of Funds		NEW (CORRECT) Source of Funds	
Appropriation Type:	Departmental	Appropriation Type:	Administered
Act (Bill):	Make Selection	Act (Bill):	Make Selection
Outcome:	Make Selection	Outcome:	Make Selection
Program Group:	0-0	Program:	0-0

G/L Account	**Amount**	**Tax Code**	**Cost Centre**	**Internal Order**
s47G(1)(a)	s47G(1)(a)	**P5**	s47G(1)(a)	
		P5		
		P5		
		P5		
		P5		
		P5		
TOTAL	s47G(1)(a)			

Checked by FRAT:	Details provided on this invoice request are correct - Reg 9 Delegate to approve as the available appropriation will be increased when this invoice is created.
Signature / /	Signature / /
Name (print): **Phone No:**	**Position Number:** s22(1)(a) **Job Title: Director, Specialised Supply Section** **Print Name:** s22(1)(a)(ii)

Ajilon

TAX INVOICE

s47G(1)(a)

s47G(1)(a)

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	09/10/2013
Customer ID:	s47G(1)(a)
Payment Terms:	
Due Date:	

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH: Icon - Canberra	**JOB NO:** s47G(1)(a)	**CLIENT REFERENCE:**
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**

Name **Description**	**Period Ending**	**Quantity**	**Rate**	**Net Amount**
s47G(1)(a) -				
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
				s47G(1

PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes

Net Total:	s47G(1)
GST:	s47G(1)
INVOICE TOTAL:	s47G(1)

** denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)

EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No: s47G(1)(a)
Customer ID: s47G(1)(a)
Amount Due: s47G(1)(a)
Invoice Date: 09/10/2013
Due Date: s47G(1)

Medical Software Industry Association

s47G(1)(a)

s47G(1)(a)

MSIA

Bill To:
s22(1)(a)(ii)
Department of Health
Director Specialised Supply
Pharmaceutical Benefits Division
MDP 901
Department of Health
GPO Box 9848
Canberra ACT 2601

Tax Invoice

Invoice No: s47G(1)

Invoice Date: 14-Nov-13

Date	Description	Amount	GST
14-Nov-13	Vendor Resource Documents and Support for the ERRCD including: • The provision of an interim list of controlled drugs for the sole purpose of supporting the initial project developments. • The running of a one day face-to-face dispensing vendor worksho	$131,218.18	$13,121.82

Customer ABN:

Terms: s47G(1

Comment:

GST:	$13,121.82
Total Inc GST:	$144,340.00
Amount Applied:	$0.00
Balance Due:	**$144,340.00**

s47G(1)(a)

Ajilon

s47G(1)(a)

s47G(1)(a)

TAX INVOICE

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	06/11/2013
Customer ID:	s47G(1)(a)
Payment Terms:	
Due Date:	

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH:	**JOB NO:**	**CLIENT REFERENCE:**
Icon - Canberra	s47G(1)(a)	
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**

Name **Description**	**Period Ending**	**Quantity**	**Rate**	**Net Amount**

PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes

s47G(1)(a)	-			
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
Flat Rate		s47G(1)		
				s47G(1

Net Total:	s47G(1)
GST:	s47G(1)
INVOICE TOTAL:	s47G(1)

** denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)
Postal: s47G(1)(a)
EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No:	s47G(1)(a)
Customer ID:	s47G(1)(a)
Amount Due:	s47G(1)(a)
Invoice Date:	06/11/2013
Due Date:	s47G(1)

Ajilon

s47G(1)(a)

s47G(1)(a)

TAX INVOICE

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	18/12/2013
Customer ID:	s47G(1)(a)
Payment Terms:	
Due Date:	

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH:	**JOB NO:**	**CLIENT REFERENCE:**
Icon - Canberra	s47G(1)(a)	-
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**

Name

Description	**Period Ending**	**Quantity**	**Rate**	**Net Amount**
PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes				
s47G(1)(a) -				
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
				s47G(1

Net Total:	s47G(1)
GST:	s47G(1)
INVOICE TOTAL:	s47G(1)

** denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)
Postal: s47G(1)(a)
EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No: s47G(1)(a)
Customer ID: s47G(1)(a)
Amount Due: s47G(1)(a)
Invoice Date: 18/12/2013
Due Date: s47G(1)

9

Ajilon

s47G(1)(a)

s47G(1)(a)

TAX INVOICE

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	25/09/2013
Customer ID:	s47G(1)(a)
Payment Terms:	
Due Date:	

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH: Icon - Canberra	**JOB NO:** s47G(1)(a)	**CLIENT REFERENCE:** -
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**

Name

Description	Period Ending	Quantity	Rate	Net Amount
PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes				
-s47G(1)(a) -				
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
Flat Rate	s47G(1)			
				s47G(1

Net Total:	s47G(1)
GST:	s47G(1)
INVOICE TOTAL:	s47G(1)

** denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)
Postal: s47G(1)(a)
EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No: s47G(1)(a)
Customer ID: s47G(1)(a)
Amount Due: s47G(1)(a)
Invoice Date: 25/09/2013
Due Date: s47G(1)

10

Tasmania

TAX INVOICE

DEPARTMENT OF HEALTH
AND HUMAN SERVICES

s47G(1)(a)

s47G(1)(a)

DEPARTMENT OF HEALTH
ATTN: s22(1)(a)(ii)
GPO BOX 9848
CANBERRA ACT 2601

s22(1)(a)

received
4-Dec-2013

Description	*Exclusive Amount*	*GST Amount*	*Inclusive Amount*
TO COST OF - 3rd & FINAL INSTALLMENT - LICENCE FEE DAPIS SUITE	150,000.00	15,000.00	165,000.00
NO STATEMENT ISSUED *Total Amount Due:*	**$ 150,000.00**	**$ 15,000.00**	**$ 165,000.00**

OK to pay
s22(1)(a)(ii)
- 4-12-2013

s47G(1)(a)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G (1)(a)
	Canberra ACT 2601	Term:	s47G(1)(a)
Invoice Date:	12/12/2013		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/8/2013 - 13/11/2013	s47G(1)(a)	s47G(1)(a)	
Setup fee		s47G(1)(a)	
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

TAX INVOICE

s47G(1)(a)

Page:	1 of 1
Invoice No:	s47G(1)(a)
Invoice Date:	08/01/2014
Customer ID:	s47G(1)(a)
Payment Terms:	
Due Date:	s47G(1)

s22(1)(a)(ii)
Department of Health and Ageing
MDP 901
GPO Box 948
Canberra ACT 2601

BRANCH: Icon - Canberra	**JOB NO:** s47G(1)(a)	**CLIENT REFERENCE:**
REFERENCE 1:	**REFERENCE 2:**	**REFERENCE 3:**

Name

Description		**Period Ending**	**Quantity**	**Rate**	**Net Amount**
PLEASE NOTE THAT MINUTES ARE REFLECTED AS A DECIMAL eg. 3.5 HRS EQUALS 3 hours 30 minutes NOT 3 hours 50 minutes					
s47G(1)(a) Exp Other Flat Rate	-	s47G(1) s47G(1)			
					s47G(

Net Total:	s47G(1)
GST:	s47G(
INVOICE TOTAL:	s47G(1)

* *denotes items that are GST free*

REMITTANCE ADVICE

Ajilon Pty Ltd

Phone: s47G(1)(a) Fax: s47G(1)(a)
Email: s47G(1)(a)
Postal: s47G(1)(a)
EFT: Account: s47G(1) BSB: s47G(1
Bank: s47G(1)(a)
Branch: s47G(1)(a)
Name: s47G(1)(a)
Reference: s47G(1)(a)

Invoice No: s47G(1)(a)
Customer ID: s47G(1)(a)
Amount Due: s47G(1)(a)
Invoice Date: 08/01/2014
Due Date: s47G(1)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G (1)(a)
	Canberra ACT 2601	Term:	s47G(1) (a)
Invoice Date:	03/03/2014		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/11/2013 - 13/02/2014	s 4	s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)
s47G(1)(a)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G (1)(a)
	Canberra ACT 2601	Term:	s47G(1) (a)
Invoice Date:	16/07/2014		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/02/2014 - 13/05/2014	s47G(1)(a)	s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

Tax Invoice

s47G(1)(a)

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G(1)(a)
	Canberra ACT 2601	Term:	s47G(1)(a)
Invoice Date:	14/08/2014		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/05/2014 - 13/08/2014	s47G(1)(a)	s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

Tax Invoice

s47G(1)(a)

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G (1)(a)
	Canberra ACT 2601	Term:	s47G(1)(a)
Invoice Date:	19/11/2014		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/08/2014 - 13/11/2014	s47G(1)(a)	s47G(1)(a)	
Setup		s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

Tax Invoice

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G(
	Canberra ACT 2601	Term:	s47G(1)
Invoice Date:	14/05/2015		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/02/2015 - 13/05/2015	s47G(1)(a)	s47G(1)(a)	s47G(1)(a)
		Subtotal	s47G(1)(a)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

s47G(1)(a)

s47G(1)(a)

XVT SOLUTIONS

TAX INVOICE

Department of Health
Attention: Director, Specialised Supply Section
MDP 901
GPO Box 9848
CANBERRA ACT 2601

Invoice Date
30 Jun 2015

Invoice Number
s47G(1)

Reference
ERRCD hosting

ABN
s47G(1)(a)

XVT Solutions
s47G(1)(a)

Description	Quantity	Unit Price	GST	Amount AUD
ERRCD hosting charges 01/07/2015 - 30/06/2016	s47	s47G(1)(a)	10%	s47G(1)
			Subtotal	s47G(1)
			TOTAL GST 10%	s47G(1)
			TOTAL AUD	s47G(1)

s47G(1)(a)

Ok to pay
s22(1)(a)(ii)

s47G(1)(a)

A/g Director,
Specialised Supply Section

PAYMENT ADVICE

Customer	Department of Health
Invoice Number	s47G(1)
Amount Due	s47G(1)
Due Date	s47G(1)
Amount Enclosed	

Enter the amount you are paying above

To: XVT Solutions
s47G(1)(a)

s47G(1)(a)

XVT SOLUTIONS

TAX INVOICE

Department of Health
Attention: Director, Specialised Supply Section
MDP 901
GPO Box 9848
CANBERRA ACT 2601

Invoice Date
30 Jun 2015

Invoice Number
s47G(1

Reference
ERRCD hosting

ABN
s47G(1)(a)

XVT Solutions
s47G(1)(a)

Description	Quantity	Unit Price	GST	Amount AUD
ERRCD hosting charges 14/05/2015 - 30/06/2015	s47	s47G(1)	10%	s47G(1)
			Subtotal	s47G(1
			TOTAL GST 10%	s47G(1
			TOTAL AUD	s47G(1)

s47G(1)(a)

Ok to pay

s22(1)(a)(ii)

s47G(1)(a)

A/g Director, Specialised Supply Section

PAYMENT ADVICE

To: XVT Solutions
s47G(1)(a)

Customer	Department of Health
Invoice Number	s47G(1)
Amount Due	s47G(1)(a)
Due Date	s47G(1)(a)
Amount Enclosed	

Enter the amount you are paying above

Medical Software Industry Association

s47G(1)(a)

s47G(1)(a)

MSIA

Bill To:

s22(1)(a)(ii)

Department of Health
Director Specialised Supply
Pharmaceutical Benefits Division
MDP 901
Department of Health
GPO Box 9848
Canberra ACT 2601

Tax Invoice

Invoice No: s47G(1)

Invoice Date: 27-Jan-15

Your Purchase No:

Date	Description	Amount	GST
27-Jan-15	ERRCD [installment 4]: development vendor resource document and support for Hospital Pharmacy CDER.	$37,200.00	$3,720.00

goods received s22(1)(a)(ii) 2-2-2015

ok to pay.

Customer ABN: s47G(1)(a)

Terms: s47G(1)(a)

Comment:

GST:	$3,720.00
Total Inc GST:	$40,920.00
Amount Applied:	$0.00
Balance Due:	**$40,920.00**

s47G(1)(a)

Tax Invoice

xvt.

s47G(1)(a)

Attention:	s22(1)(a)(ii)	Project Title:	ERRCD
Title:	Director, Specialised Supply Section	Project Description:	ERRCD hosting
Organisation:	Department of Health	Official Order Number:	
Address:	MDP 901, GPO Box 9848	Invoice Number:	s47G(1)(a)
	Canberra ACT 2601	Term:	s47G(1)(a)
Invoice Date:	14/02/2015		

Description	Quantity	Unit Price	Cost
ERRCD hosting charges 14/11/2014 - 13/02/2015	s22(1)(a)(ii)	s47G(1)(a)	s47G(1)(a)
		Subtotal	s22(1)(a)(ii)
	GST	10.00%	s47G(1)(a)
		Total	s47G(1)(a)

s47G(1)(a)

s47G(1)(a)

OK to pay

s22(1)(a)(ii)

s22(1)(a)(ii)

17-2-2015