



Edited under s22 to remove irrelevant matter

ABN: 38 136 883 915
414 Elizabeth St Surry Hills NSW 2010
Telephone 02 9206 2000 Facsimile 02 9206 2134

Tax Invoice

AUSTRALIAN INSTITUTE OF SPORT
LEVERRIER STREET
BELCONNEN, ACT 2617
AUSTRALIA
ATTN: [REDACTED]

Invoice Number PID3583
Date 11/03/2021
Customer Code [REDACTED]

Table with 2 columns: Description, Net Amount. Row: New Principal Partner Membership, 10,000.00

REF: INR2560



Summary table with 2 columns: Description, Amount. Rows: SubTotal \$10,000.00, Tax @ 10% \$1,000.00, Total Due \$11,000.00

Remittance Advice

EFT Payment Details

Account Name ACON Health - Pride In Diversity
Bank Commonwealth Bank
BSB [REDACTED]
Account No [REDACTED]

Debtor Details

Client AUSTRALIAN INSTITL
Debtor No [REDACTED]
Invoice No PID3583
Invoice Total \$11,000.00

Credit Card: We accept Visa/Mastercard/AMEX. Term of Payment 14 days.

To make online payment, please visit: https://www.prideinclusionprograms.com.au/invoice-payment/

Please send a copy of remittance advice to finance@acon.org.au