

Candidate Name/Comp Name

TAX INVOICE

Candidate address
Candidate address
Candidate address
Candidate phone number

INVOICE No
DATE:
GST No:

Billing Address
Robert Half New Zealand Ltd
Level 38, ANZ Centre
29 Albert Street
Auckland

DESCRIPTION	AMOUNT
Hours worked at week ending	Total excluding GST
hours @ \$rate	
GST	GST amount
TOTAL	TOTAL including GST