TAX INVOICE

Payee name:	
Address:	
ABN:	

Invoice number:	
Date:	

Worker details

Last name:	First name:
Claim number:	

Payment details

Compensation Period (inclusive dates) From	To	Weeks	Days	Hours	Weekly Rate	Amount
					TOTAL	$ 0.00

Payee bank details

Bank account name:	
BSB:	Account Number:

Contact details

Contact Person:	Phone Number:

Send completed form to RiskCover by email: invoices@icwa.wa.gov.au

Email Protocol:

- Attachments **must be in a PDF format**;
- Tax Invoice must include **Insurance Commission's Claim reference,** your **Tax Invoice reference** and the **Patient/Claimant name**;
- Each worker requires a separate weekly compensation reimbursement invoice;
- Each invoice is to be a separate attachment;
- You can attach multiple invoices as separate attachments to one email;
- **Do not** add content to the email as only the attachments are processed; and
- **Do not** password protect PDF attachments.