



## TAX INVOICE

Payee name:

Address:

ABN:


Invoice number:

Date:


### Worker details

Family name:

Given name(s):

Claim number:


### Payment details

Compensation Period (inclusive dates)		Comments	Weeks	Days	Hours	Weekly Rate	Amount
From	To						
<b>TOTAL</b>							

### Payee bank details

Bank account name:

BSB:

Account Number:


### Contact details

Contact Person:

Phone Number:

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Send completed form to the Insurance Commission by email: [invoices@icwa.wa.gov.au](mailto:invoices@icwa.wa.gov.au)

### Email Protocol:

- Attachments **must be in a PDF format**;
- Tax Invoice must include **Insurance Commission's claim number**, your **tax invoice reference** and the **worker's 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.