

Tax Invoice Victoria Legal Aid (recipient)

ABN 42 335 622 126



Lawyers And
Legal Services

Practitioner's name and address:	Assisted person's family name:
Practitioner's ABN: <input type="checkbox"/> Interim account <input type="checkbox"/> Final account	VLA file number:
VLA Handbook Fee - Table	Practitioner Reference:
	Date of invoice:

DETAILS OF THE CLAIM

PROFESSIONAL COSTS

Date of Service	Details	Fee claimed (if claimed on a GST exclusive basis)	Fee claimed (if claimed on a GST inclusive basis)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL		\$	\$

DISBURSEMENTS

Date of Service	Details	Fee claimed (if claimed on a GST exclusive basis)	Fee claimed (if claimed on a GST inclusive basis)
		\$	\$
		\$	\$
TOTAL		\$	\$

TOTAL CLAIMED (PROFESSIONAL FEES + DISBURSEMENTS)	TOTAL GST exclusive	TOTAL GST inclusive
	\$	\$

PRACTITIONER'S CERTIFICATE

All information contained within this claim is true and proper attention was given to this case. I acknowledge that under section 44(1) of the Legal Aid Act the provision of a false statement renders me liable to the penalties therein contained.

SIGNATURE: _____

DATE: ____/____/201____