

TAX INVOICE

Payee name:

Address:

ABN:

Invoice number:

Date:

Worker details

Last name:

First name:

Claim number:

Payment details

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

Payee bank details

Bank account name:

BSB:

Account Number:

Contact details

Contact Person:

Phone Number:

Send completed form to the Insurance Commission 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