

TAX INVOICE AND TIMESHEET 2017/2018

Educators Name: _____ Address: _____ Ph: _____

Child's Full Name: _____ Timesheet Period: _____ to _____

Timesheet - Educator to complete, hours of care charged

Attendance Record - Guardian to complete actual time and initial in shaded column

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
In	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :
Out	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :
In	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :
Out	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :	am / pm :
Hours							

A	Core hours used @ \$	hrs	Bill to: Department of Children and Families P.O Box 721 Alice Springs, NT 0871 Ph: 8955 6001 Fax: 8952 9163	Invoice Date: _____ Invoice #: _____ Educators ABN: _____
B	Non-core hours used @ \$	hrs		
C	Weekend hours used @ \$	hrs		
C	Public Holiday hours used @ \$	hrs		
D	Total Number of Hours (A+B+C)	hrs		
E	Total core hour charge	\$	TOTAL Due by Territory Families	\$
F	Total non-core hour charge	\$		
G	Total Weekend charge	\$		
H	Total Hourly Fee Charged (E+F+G)	\$		
I	Loading for Food @\$	\$	A separate typed invoice must be submitted to Accountspayable@nt.gov.au Or via the NTG portal	
J	Loading for Travel @\$	\$		
K	Loading for Baby Fee @\$	\$		
L	Loading for @\$	\$		
M	Loading for @\$	\$		
N	Loading for @\$	\$		
O	Loading for @\$	\$		
P	Total Loadings (I+J+K+L+M+O)	\$		

Educators Signature _____ Date ___/___/___ Guardians Signature _____ Date ___/___/___