

## TAX INVOICE

**To:** NZLocums  
 NZ Rural General Practice Network  
 PO Box 547, Wellington, 6140  
 Phone: 04 472 3901  
 Fax: 04 472 0904  
 Email: enquiries@nzlocums.com

Date: .....

**Admin Use Only:**

LS	
IT	
LT	
TTTPHO	
UIP	

Initial: .....

Locum \_\_\_\_\_

Admin Fee \_\_\_\_\_

**From:**

Locum full name: .....

IRD / GST #: .....

Practice covered: .....

Fortnight starting: ..... Fortnight ending: .....

Total # of sessions: ..... @ \$..... per session \$ .....

Total # of on-call sessions: ..... @ \$..... per session \$ .....

Total # of weekend sessions: ..... @ \$..... per session \$ .....

**SUBTOTAL of sessions:** ..... \$ .....

Plus GST @ 15% (if GST registered): \$ .....

Less NRCT @ 15% (if applicable): \$ .....

Mileage (if applicable): kms ..... @ 0.79c/km \$ .....

Amount to be reimbursed or deducted. Please list below in detail.

**Receipts are required for reimbursement.**

..... \$ .....

..... \$ .....

**Payment Total: \$ .....**

Locum signature: .....

**TIMESHEETS AND INVOICE MUST BE FAXED TO NZLOCUMS- 04 472 0904 OR  
 EMAILED enquiries@nzlocums.com BY MONDAY 12PM EACH FORTNIGHT**