

<b>From:</b>  <b>Phone:</b> , 1300 203 203 <b>Email:</b>	<b>Attention:</b> <b>Company:</b> <b>Phone:</b> <b>Email:</b>
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**AUTHORITY TO PURCHASE GOODS AND/OR SERVICES FOR:**

<b>Date:</b>	<b>Order Ref.:</b> CI*
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This is to confirm that Goulburn Valley Health (ABN: 69 541 423 898) wishes to purchase the following from your company:

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This purchase has been authorised for Community Interlink Client:

**Invoicing Goulburn Valley Health**

Prior to forwarding an invoice for payment, please ensure it:

- is clearly marked as a 'TAX INVOICE'
- shows your Australian Business Number (ABN)
- shows if GST is applied and the exact GST component
- is made out to: 'Goulburn Valley Health' (mail to: PO Box 1270, Shepparton, VIC 3632)
- includes the respective Client's name and the Order Reference: **CI\***
- provides a description of each service/item being provided and date of provision
- shows the trading name of the business registered that matches the ABN  
(details may be checked at [www.abr.business.gov.au](http://www.abr.business.gov.au))

**Invoices that do not comply with these requirements will be returned unpaid.**

**Compliant invoices may be emailed to: [finance@interlink.org.au](mailto:finance@interlink.org.au).**

Should you have any questions regarding this authorisation, please contact me on the phone number indicated.

Yours sincerely,