



TAX INVOICE
AGENTS WEEKLY REVENUE

Name: _____ Weekending: _____
Agents ABN: _____

Monday			Tuesday			Wednesday		
Clients Full Name	Hrs	Due	Clients Full Name	Hrs	Due	Clients Full Name	Hrs	Due
Total			Total			Total		

Thursday			Friday			Saturday		
Clients Full Name	Hrs	Due	Clients Full Name	Hrs	Due	Clients Full Name	Hrs	Due
Total			Total			Total		

Total Hours		Customer Receipts		Agency Fee Payable	
Account Hours		Agents Allocation		GST Inc	
Credit Card Customers		Mr Meticulous Collected		Net Amount Owing	

Mr Meticulous owes you:

Agents Owes Mr Meticulous:

Reference

Account Customer a/c
Credit Card c/c

Agents Bank Tfr Ref		Agents Date Transferred	
Cash Received		Change Given/Tfr to Bank	

Notes

Your BSB		Mr Meticulous BSB	082-183
Your Account Number		Mr Meticulous Account Number	83-343-7207

I confirm this is a true and accurate record of all revenue received (and work performed) by me from ALL sources for the specified period including but not limited to revenue as per advice from Mr Meticulous to me, the Agent and I confirm I have not undertaken performance of any work outside the requirements and scope of the Agency Agreement between Mr Meticulous and myself.