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| --- | --- | --- |
| **Insert your yoga**  **studio/school logo** |  | TAX INVOICE & RECEIPT FOR HEALTH FUND REBATE |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your yoga studio name  Address 1 Address 2  SUBURB STATE POSTCODE  Tel 000 000 000  studio.email.address@xxx.com.au  Name of contact person: insert name | | | ABN: xx xxx xxx xxx  Date: DD MMM YYYY  yoga australia registered teachers:  Insert teacher name & YA member/Health Fund provider no Insert teacher name & YA member/Health Fund provider no | | |
| yOGA student name and address: | | (recommended to leave this section blank  to handwrite this in as needed) | | | |
| DATE | description OF YOGA SERVICES | | | total PAID |
| insert date | EG Program of Hatha Yoga classes attended on (insert dates) under the supervision of (insert teacher name) | | | $ |
|  | **TOTAL** | | | **$** |
|  |  | | |  |
|  | This amount is inclusive of GST. | | |  |