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

|  |  |
| --- | --- |
| Your yoga studio nameAddress 1Address 2SUBURB STATE POSTCODE Tel 000 000 000studio.email.address@xxx.com.au Name of contact person: insert name | ABN: xx xxx xxx xxx Date: DD MMM YYYYyoga australia registered teachers:Insert teacher name & YA member/Health Fund provider noInsert teacher name & YA member/Health Fund provider no |
|  yOGA student nameand 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.  |  |