







38 136 883 915 ACON Health Limited 414 Elizabeth St. Surry Hills Sydney, NSW 2010 Phone 02 9206 2000

TAX INVOICE

BILL TO:

DEPARTMENT OF FINANCE

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ATTN: s 22

INVOICE NO: PID001316

Invoice Date : 15/05/2025 Customer Code : 43000401

P.O. number:

DESCRIPTION	AMOUNT
Essential Membership Renewal from 13 April 2025 to 12 April 2026	\$6,990.00

Subtotal	\$6,990.00
GST	\$699.00
Total	\$7,689.00

Remittance Advice

EFT Payment Details

Debtor Details



 Debtor No
 43000401

 Invoice No
 PID001316

 Invoice Total
 \$7,689.00

Credit Card: We accept Visa/Mastercard/AMEX. Terms of Payment: 14 days

To make online payment, please visit: https://prideinclusionprograms.com.au/invoice-payment/

Please send a copy of remittance advice to ar@acon.org.au

Please refer to our T & C - Microsoft Word - APIP_TermsConditions 26 August 2020 (prideinclusionprograms.com.au)

Invoice Date: 15/05/2025 Terms: 14 Days Due Date: 29/05/2025 Customer ID: 43000401