



TAX INVOICE

AIMHS Address:
 PO Box 512
 St Peters, SA
 ABN: 89 146 084 022

DATE: \ \

Billing Address:
 Name:
 Company:
 Address:

Delivery Address:
 Name:
 Company:
 Address:

Phone:

Phone:

Comments or special instructions:

QUANTITY	DESCRIPTION OF PRODUCT	AMOUNT PER UNIT	AMOUNT TOTAL
Single Sided <input type="checkbox"/>	Complete Health Promotion Kit (Leaflets, Stand, Posters)	\$1386.00 Inc. GST	
Double Sided <input type="checkbox"/>			
Single Sided <input type="checkbox"/>	Set of Leaflets and Stand only (Leaflets, Stand)	\$1188.00 Inc. GST	
Double Sided <input type="checkbox"/>			
Sets of 8 <input type="checkbox"/>	Set of Posters only	\$231.00 Inc. GST	
Sets of 20 <input type="checkbox"/>	Replacement Leaflets only	\$22.00	
Sets of 40 <input type="checkbox"/>	IMPORTANT: Please specify required leaflet topic numbers (found on bottom-front of leaflets) below:	\$38.00	
Sets of 60 <input type="checkbox"/>		\$54.00 Inc. GST	
<i>PRICES INCLUDE POSTAGE WITHIN AUSTRALIA</i>			
		SUBTOTAL	
		TOTAL DUE	

Payment by Bank Deposit:
 BSB: 105-144
 Account: 0410 76840
 Name: Australian Institute of Male Health and Studies Limited

Please make all cheques payable to Australian Institute of Male Health and Studies.
 Please include your name in any bank deposit description.

THANK YOU FOR YOUR SUPPORT!