COUNSELLING AND REPORT FEE INVOICE



Section 1: Applicant Details	
Applicant name	
Tribunal reference number	
Tribunal venue	
Section 2: Counsellor / Report	t Writer Details
Name of report writer/counsellor	
Name of business / agency	
	Must be the entity name as recorded against the Australian Business Number (ABN) to enable payment to be made by the Department of Justice
ABN of business / agency	
Postal/payment address of business / agency	
	Cheque will be sent to this address if non-EFT payment
Counsellor reference	

Section 3: Counselling Fees Claimed

Date of counselling session	Duration of session (Hr:Min)	Signature of Counsellor (to be signed at conclusion of each counselling session)	Signature of Applicant (to be signed at conclusion of each counselling session)	Fee Claimed (inc. GST) (refer to Tribunal's Costs Guideline)
		Date signed:	Date signed:	
		Date signed:	Date signed:	
		Date signed:	Date signed:	
		Date signed:	Date signed:	
		Date signed:	Date signed:	
		Date signed:	Date signed:	

Section 4: Report Fee Claimed

Report Description (e.g., date of report, report type, time spent preparing report)	Fee Claimed (inc. GST) (refer to Tribunal's Costs Guideline)

Section 5: Counsellor / Report Writer Certification

I,	certify that:
(name of person that authored the report / provided counselling to applicant)	
■ I wrote and signed the report referred to in this invoice (delete clause if no report filed with	invoice).
 The counselling session(s) claimed in this invoice was (tick box for relevant clause): 	
previously authorised by the Tribunal by letter/notice dated /	/
not previously authorised by the Tribunal.	
 The counselling sessions detailed in this invoice were provided by me (delete clause in invoice). 	f no counselling claimed in
 I signed this invoice in the column headed 'signature of counsellor' at the conclusio session claimed in this invoice (delete clause if no counselling claimed in invoice). 	n of each counselling
 The applicant signed this invoice in the column headed 'signature of applicant' at the counselling session claimed in this invoice (delete clause if no counselling claimed in invoice) 	
 I understand that the filing of this invoice does not guarantee payment of all or part and that the amount awarded for expenses is at the discretion of the Tribunal. 	of the amount claimed,
Counsellor's signature	
Counsellor's occupation	
Dated:	