



*Preston Neighbourhood House Inc.*

“Leading our community towards greater independence and quality of life.”

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**AUTHORITY TO INVOICE FOR  
PRESTON NEIGHBOURHOOD HOUSE  
COURSE PAYMENT**

Course/s: \_\_\_\_\_

Session Day & Time: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

*Would you please enrol the following client into the above course/s as discussed*

Client Name: \_\_\_\_\_

Client JSID OR Claim Number: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_

**INVOICE DETAILS**

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**The amount of \$**

**representing payment for the course/s  
and administration / reporting fee**

Signature: \_\_\_\_\_