



ABN: 38 136 883 915

414 Elizabeth St Surry Hills NSW 2010

Telephone 02 9206 2000 Facsimile 02 9206 2134

FAIR WORK OMBUDSMAN
LEVEL5, CHILDRENS STREET
CANBERRA CITY, CANBERRA ACT 2601
ATTENTION: s 47F

Tax Invoice

Invoice Number PID1826
Date 22/06/2018
Customer No)FAIRWORKOMB

Description	Net Amount
PRIDE IN DIVERSITY (NEW) STANDARD MEMBERSHIP FROM 21/06/2018 TO 20/06/2019	5,750.00

Ref: INR385

SubTotal	\$5,750.00
Tax @ 10%	\$575.00
Total Due	\$6,325.00

Remittance Advice

EFT Payment Details

Account Name ACON Health - Pride In Diversity
Bank Commonwealth Bank
BSB 062-016
Account No 10880915

Debtor Details

Client FAIR WORK OMBUDS
Debtor No DFAIRWORKOMB
Invoice No PID1826
Invoice Total \$6,325.00

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

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

[Please send a copy of remittance advice to finance@acon.org.au](mailto:finance@acon.org.au)



ABN: 38 136 883 915

414 Elizabeth St Surry Hills NSW 2010

Telephone 02 9206 2000 Facsimile 02 9206 2134

THE OFFICE OF COMMONWEALTH OMBUDSMAN
LEVEL5, 14 CHILDRENS STREET
CANBERRA CITY ACT 2601
AUSTRALIA
ATT: s 47F

Tax Invoice

Invoice Number PID3177
Date 26/06/2020
Customer Code OFFICECOMMOB

Description	Net Amount
Standard Membership Renewal Period from 19 June 2020 18 June 2021	6,000.00
REF: INR2109	
SubTotal	\$6,000.00
Tax @ 10%	\$600.00
Total Due	\$6,600.00

Remittance Advice

EFT Payment Details

Account Name ACON Health - Pride In Diversity
Bank Commonwealth Bank
BSB 062-016
Account No 10880915

Debtor Details

Client THE OFFICE OF COM
Debtor No PDOFFICECOMMOB
Invoice No PID3177
Invoice Total \$6,600.00

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

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

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