



**TAX INVOICE - NZ TAX RESIDENT**

**To:** NZLocums & NZMedJobs  
Hauora Taiwhenua Rural Health Network  
PO Box 547, Wellington, 6140  
Phone: 04 472 3901  
Fax: 04 472 0904  
Email: enquiries@nzlocums.com

Date:.....

**From:**

Locum full name:.....

GST#:.....

Practice covered:.....

Fortnight starting: ..... Fortnight ending: .....

Total # of sessions:..... @ \$..... per session = \$.....

Total # of on-call sessions:..... @ \$..... per session = \$.....

Total # of weekend sessions:..... @ \$..... per session = \$.....

**SUBTOTAL of sessions:**..... \$.....

Plus GST @ 15% (if GST registered): \$.....

Less WHT @ 20%: \$.....

Mileage (if applicable): kms @ IRD rate/km \$.....

Start location ..... End location .....

Amount to be reimbursed or deducted. Please list below in detail.

**Copies of GST tax invoices are required for reimbursement.**

..... \$.....

..... \$.....

**Payment Total: \$.....**

Locum signature: .....

**Admin Use Only:**

LS	
IT	
LT	
Mahitahi	
NZMEDJOBS	
Tautoko	

Initial:.....

Admin Fee \_\_\_\_\_

**Timesheets and invoice must be faxed to NZLocums & NZMedJobs - 04 4720904 or emailed to enquiries@nzlocums.com by Monday 12pm each fortnight.**

