

MYNDWORKS

Richard Scott: Mynd.Works Therapy: Kingston, ACT

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INVOICE / RECEIPT

Recipient name: Beau Forman Dowling	Date: 18-5-2021
Recipient address:	Client Identity Number: 0663BFD INV No: 0663BDF-1
Description	Amount in \$
Fee for provision of Therapy Time Charged: 4 sessions at \$ 160 per session Extra product:	640

Subtotal	\$ 640
Other	\$ -
TOTAL	\$ 640

Paid in full – bank transfer

If you have any questions about this invoice / receipt, please contact Richard Scott by emailing richard@mynd.works or calling 0415567708

Thank you for your patronage.