Do you have to make payment for goods or service, but don't have an invoice?

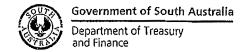
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- Enter account number and tax code details

Any questions completing your request? Call: Purchase and Facilities Telephone 08 – 8226 2699 Send the completed form to: Shared Services SA DTF Accounts Payable

Payment details		
Vendor (name and address)	· · · · · · · · · · · · · · · · · · ·	Date of purchase/s
James Stevens C/- Parliament House	Adelaide, GPO Box 572, Adelaide SA 5001	23 / 11 / 2015
Description of goods or services	0	Total incl. GST
Reimbursement for Accommodation 8	& Other Travel Costs (International)	\$ 1,970.48
		\$
		\$
Vehicle registration and odometer reading	— for pool car use	e de la companya della companya dell
!		; \$
	Total payment	\$ 1,970.48
		planta la la companya di distributa di di
Authorisation details	unuet he attached Attached	
IMPORTANT: All original documentation Certified by (print name)	Approved by (print name and title)	gor.
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana	
IMPORTANT: All original documentation Certified by (print name)	Approved by (print name and title)	Date
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana	
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana	Date
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas Signature	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana	Date
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas Signature Account details	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana- Signature D. A-A.	Date 2-7,11, 2015
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas Signature Account details Account number	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana- Signature D. A.A. Tax code GSTexcl. amount G	Date 2-7 / 11 / 2015 ST Total Incl. 0
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas Signature Account details	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana- Signature D. A.A. Tax code GSTexcl. amount G	Date 2.7,11, 2015
IMPORTANT: All original documentation Certified by (print name) Fotina Dimas Signature Account details Account number	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana- Signature Tax code GSTexcl. amount G: 1 2 1 PFR \$ 1,849.87 \$	Date 2-7 / 11 / 2015 ST Total Incl. 6
Account details Account number 3 9 3 9 5 0 1 9 9 9 9 7 5	Approved by (print name and title) Tony Smith, Policy & Entitlements Mana- Signature Tax code GSTexcl. amount G 1 2 1 PFR \$ 1,849.87 \$	Date 2-7 / 11 / 2015 ST Total Incl. 6 0.00 \$ 1,849



Request for payment



a payment with no invoice please follow these steps

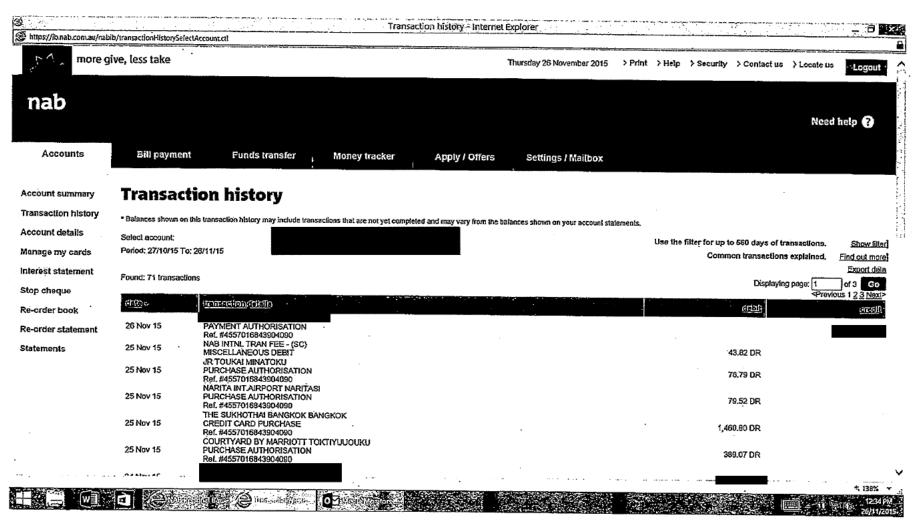
Payment details

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- Enter account number and tax code details

Any questions completing this form? Call: Accounts Payable Officer Telephone 08 - 8226 3501 Send the completed form to: Corporate Services Accounts Payable Officer

1	Vendor	Date of purchase/s
,~,	JAMES STEVENS	
	Description of goods or services	Total incl. GST
	Travel Exponses.	\$
	Undividual Innoices attached)	S
٠		01-001
	Total paying in	11,970.48
	Authorisation details Persent source of a control of the control	
6	imPORTANT: All original documentation must be attached. 🗀 Attached	
11.00	Certified by (print name) Approved by (print name and title)	
	JAMES STEVENS STEVEN MARSHALL	
	Signature	Date
	1/1/ Xh	26,11,15
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
	Account details	Carl Soll Carl Service
3	Account number. Tax code GST excl. amount	GST Total incl. GST
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s 0.00
		s 0.00
		\$ 0.00

Only users with a minimum of Acrobat Reader 7 are able to SAVE this form.



\$1,970.48

บริษัท สาธร พาร์ค จำกัด

13/3, 28/1-4 ถนนสาทรใต้ กรุงเทพฯ 10120

โทรศัพท์ 66 (0) 2344-8888 โทรสาร 66 (0) 2344-8899

SATHORN PARK CO., LTD. 13/3, 28/14 SOUTH SATHORN ROAD BANGKOK 10120 THAILAND. TEL: 66 (0) 2344-8888 FAX: 66 (0) 2344-8899



เลขประจำตัวผู้เลียภาษีอากร 0105528043831

Mr James William Stevens Australia

ค่าห้อง-อาหาร-เครื่องดื่ม-เบ็ดเตล็ด

Arrival

: 20/11/15

Accommodation - Food&Beverage - Others

Departure

: 23/11/15

Room No.

: 429

Page No.

: 1 of 2

No. of Adults

Cashier

282 / Teerawat Tantaussaw

: 1

Time

07:29

Folio No. Invoice No.

6617376

No. of Child : 0

23/11/15

Date	Description		Charges	Credits
20/11/15	Transportation - Airport to Hotel -SVB	MH776 20:55hrs13310	3,000,00	Creatts
20/11/15	Room Service ***	Line# 429 : CHECK# 0049539	576.73	
20/11/15	Accommodation		6,000.00	
20/11/15	Room - Service Charge	•	600,00	
20/11/15	Room-VAT		462.00	
21/11/15	Colonnade Breakfast Food	Line# 429 : CHECK# 0018100	2,118.60	
21/11/15	Lobby Salon *****	Line# 429 : CHECK# 0064381	·	
21/11/15	Pool Terrace **	Line# 429 : CHECK# 0078035	753.28	
21/11/15	Accommodation	DATOR 429 . CALCAN 0078033	282.48	
21/11/15	Room - Service Charge		6,000.00	
21/11/15	Room-VAT		600.00	
22/11/15	Colonnade Breakfast Food	Timeli 400 - CTTTCCTC# 00404-0	462.00	
22/11/15	Pool Terrace **	Line# 429 : CHECK# 0018110	. 2,118.60	
22/11/15	Accommodation	Line# 429 : CHECK# 0078070	3,071.97	.
22/11/15			5,600.00	
22/11/15	Room - Service Charge		560.00	
	Room-VAT		431.20	l
23/11/15	Transportation - Hotel to Airport - SVB	13349	3,000.00	.
23/11/15	Visa			35,636.86
				·

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES

GUEST'S SIGNATURE

A Member of HKR International Limited www.hkif.com

บริษัท สาธร พาร์ค จำกัด

13/3, 28/1-4 ถนนสาทรใต้ กรุงเทพฯ 10120

โทรศัพท์ 66 (0) 2344-8888 โทรสาร 66 (0) 2344-8899

SATHORN PARK CO., LTD. 13/3, 28/14 SOUTH SATHORN ROAD

BANGKOK 10120 THAILAND. TEL: 66 (0) 2344-8888 FAX: 66 (0) 2344-8899



เลขประจำตัวผู้เสียภาษีอากร 0105528043831

Mr James William Stevens Australia

ค่าห้อง-อาหาร-เครื่องดื่ม-เบ็ดเตล็ด

Arrival Departure : 20/11/15

: 23/11/15

Page No.

Invoice No.

: 2 of 2

No. of Adults

Folio No.

. 6617376

Accommodation - Food&Beverage - Others

Room No.

429

Cashier Time

282 / Teerawat Tantaussaw

No. of Child :

07:29 0

23/11/15

Date

Description

Total

Charges 35,636.86

Credits 35,636.86

Balance

0.00

Vatable · 27,698.00 THB VAT 7% 1,938.86 THB NonVatable . 6,000.00 THB Total 35,636.86 THB

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES

GUEST'S SIGNATURE

A Member of HKR International Limited, www.hkri.com

FO 605064



THE SUKHOTHAI BANGKOK CFRONT CASHIERD

TERHA 70284957 STAHN 845331

HER# 6006595818 TRACE# 567281

BATCH# 688492 SALE

10C **/**

FIIOV 23, 15 B7:36:4 APPR.CODE 428302 REF.NO. 592700006936

87:36:43

_ğTOTAL THB 35,636.86

TRANSACTION CURRENCY: DBASE AUI ETIP AUD 1,460.80

ETOTAL

JAMES W.MR STEVENS Please debil my account with the total amount in ADD *** HO REFUND *** * TRUSTED TRAHSACTION * --- CUSTONER COPY ---

クレジットカードご利用票/CREDIT CARD SALES SLIP

R832

会社名 会員番号 取引内容:お買上

商品名: (一括発券)乘車券類: 8枚(間) 11月25日 成田エクスプレス35号 東京→空港第2 乗車券込み 他 乗車変更や払戻しの取扱箇所、内容、方法等に制限があります。 私戻しの際は購入時のカードをお持ちください。 この神は大切に保存してください。

; . id 員基礎出金馬

观点束

被照示署数簿 村中国古谷もでづけ

附骨申税期山

て利用いただきましてもりかとうどざいます

HZZ LLT学TS 社会大教道教容就歌東

プリム(ママット マンカー 大阪リンプリング

円037、8¥ [冬込等馬変散]

廃金

#

1/3

TOTOPY 邻省

利用日沙紅 \$789833.000:A00202.V

お会計書 STATEMENT



NAME

MR

STEVENS JAMES W

COMPANY NAME

マリオット/623458288

ROOM No.

411

PAX

1

ARR.

2015/11/24

DEP.

2015/11/25

DATE	DETAIL	ROOM No.	CHARGES	CREDIT EXPLANATION	1
11/24	Package Plan SERVICE CHARGE CONSUMPTION TAX LOCAL TAX	411	24, 700 2, 494 2, 149 200	* * *	
	In Room Dining In Room Dining	•	2, 592 2, 116	* No.0001 * No.0002	

GRAND TOTAL

34, 251

(LOCAL TAX

200)

ありがとうございました。またのお越しを心よりお待ち申し上げます。 Thank you very much. We look forward to your next visit.

ISSUED NO.

112512121580 J 2 1 12 15/11/25 09:24 00037 80800

PA AK

SIGNATURE

RECEIPT NAME Mr./Ms. STEVENS JAMES W AMOUNT ¥34, 251-In Payment of ROOM CHARGE The above sum was received by us.

2015/11/25 112512121580

印紙税申告納 付につき京橋

Courtyard by Marriott Tokyo Station 2-1-3 Kyobashi Chuo-ku, Tokyo 104-0031 Japan T:81.3.3516.9600 F:81.3.3516.9699

コートヤード・バイ・マリオット 東京ステーション 〒104-0031 東京都中央区京橋2-1-3

Do you have to make payment for goods or service, but don't have an invoice?

Apply via e-Procurement, UNLESS exception applies, then follow these steps >

Payment details

Vendor (name and address)

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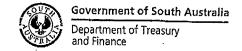
Any questions completing your request? Call:
Purchase and Facilities
Telephone 08 ~ 8226 2699
Send the completed form to:
Shared Services SA
DTF Accounts Payable

Date of purchase/s

Description o	goods or services			•			Tot	al incl. GST
Reimburse	ment for Advertising	from Face	book - 28/0	01/16		""	\$	641.1
						**	· ; \$	
		* ***		·				
					···		; \$	
Vehicle regis	ration and odometer re	eading — fo	r pool car us	se			; \$	
		•			Total r	ayment	,	641.1
THE PARTY OF THE P		A REAL SPICE STATE	ALL SALES AND A SERVICE OF THE SERVI				AND PROPERTY.	dina di para d
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IMPORTANT	All original docume	ntation mus	Approved by	y (print nam	e and title)	orate Serv	Date	02 / 2016
Certified by (public density of the Signature of the Sign	All original docume	ntation mus	Approved b	y (print nam	e and title)	orate Serv	Date	02 / 2016
IMPORTANT Certified by (p Jenny Orm Signature	All original docume	ntation mus	Approved b	y (print nam	e and title)		Date	
Certified by (purple) Jenny Orm Signature Account details	All original docume	ntation mus	Approved by Paul Tata Signature	y (print nam arelli - Mar	e and title) ager, Elect		Date	
IMPORTANT Certified by (p Jenny Orm Signature	All original docume	9 7 3 5	Approved by Paul Tata Signature	y (print nam arelli - Mar	e and title)		Date 15/	
Certified by (purple) Jenny Orm Signature Account determined	All original docume	ontation mus	Approved by Paul Tata Signature	y (print nam arelli - Mar code GST	e and title) ager, Elect	Gs	Date	Total incl.



This form is for when no invoice is available and payment is required



Request for payment

po you have to make payment for goods or service, but don't have an invoice?

with no invoice please follow these steps

Payment details

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Any questions completing this form? Call: Accounts Payable Officer Telephone 08 - 8226 3501 Send the completed form to: Corporate Services Accounts Payable Officer

Description of goods or services Advert 51'ny Authorisation details IMPORTANT All original documentation must be attached. Attached. Approved by (print name) Approved by (print name and title) Signature Account details Signature Tax code GST excl. amount GST Total incl. GST 5 0.00 \$ \$ \$ \$ 0.00 \$ \$ \$ \$ \$ 0.00		Date of purchase/s
Description of goods or services Adder 51'ny Authorisation details IMPORTANT All original documentation must be attached	James Stevens. (2)	28/1/2016
Authorisation details IMPORTANT All original documentation must be attached. Attached Certified by (print name) Approved by (print name and title) Signature Signature Date Account details Signature Signat	Description of goods or services	· · · · · · · · · · · · · · · · · · ·
Authorisation details IMPORTANT All original documentation must be attached. Certified by (print name) Approved by (print name and title) Signature Account details Account details Tax code GST excl. amount GST Total Incl. GST 5 0.00 \$ \$ \$ \$ \$ 0.00	Advertisioner # 15000 1	s [
Authorisation details IMPORTANT: All original documentation must be attached. Attached. Secretified by (print name) Signature Account details Account details Tax code GST excl. amount GST Total incl. GST \$ 5 0.00 \$ 5 5 \$ 0.00		s `
Authorisation details IMPORTANT: All original documentation must be attached		\$
IMPORTANT: All original documentation must be attached. Approved by (print name and title) Signature Account details Account number Tax code GST excl. amount GST S S S 0.00 S S S S 0.00	Total payment	5641.17
Account details Account number Tax code GST excl. amount GST Total incl. GST 5 0.00 \$ \$ \$ \$ \$ 0.00		
Account details Account number Tax code GST excl. amount GST Total incl. GST \$ \$ \$ 0.00 \$ \$ \$ \$ 0.00	IMPORTANT: All original documentation must be attached. Attached	
Signature Date Signature Signature Date Signature Date Signature Date Date Signature Date	数 全身が高端に乗っている場合には、それには、おわられ、あがったとしてはませんだった。 これではたいれただっぱん ジュー	
Signature Date		1.1
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Account details Tax code GST excl. amount GST Total incl. GST \$ 0.00 \$ \$ \$ 0.00	1. Land	5,2,16
Account details Account number	A STATE OF THE STA	
Account number	X 391	
\$ \$ \$ 0.00 \$ \$ \$ 0.00		
\$ \$ 5 0.00 \$ \$ \$ 0.00 \$ \$ \$ 0.00	Account number Tax code GST excl. amount GST	Total incl. GST
5 5 \$ 0.00	<u> </u>	
5 5 5 0.00		
		5 0.00
	,	

Only users with a minimum of Acrobat Reader 7 are able to SAVE this form.

Wotton, Jonathon

From:

Sent:

To: Subject: Saturday, 30 January 2016 9:03 AM

Stevens, James; Wotton, Jonathon

Fwd: Your Facebook Adverts Receipt (Account I

Follow Up Flag:

Follow up Completed

Flag Status:

Begin forwarded message:

From: "Facebook Ads Team" advertise-noreply@support.facebook.com

Subject: Your Facebook Adverts Receipt (Account ID:

Date: 28 January 2016 7:46:23 pm ACDT

To:

Reply-To: noreply < noreply@facebookmail.com >



Receipt for James Stevens (Account ID

Your billing threshold is currently \$950.00. Learn more about your billing threshold and how billing works.

Summary

AMOUNT BILLED \$641.17 AUD

PRODUCT TYPE Facebook Adverts

FROM 16 January 2016 05:30

28 January 2016 01:30

CAMPAIGN

if [15/01/2016] Promoting Labor Waste Watch

16 [26/01/2016] Promoting Steven Marshall

TOTAL

RESULTS AMOUNT

7,851 \$185.59 Impressions

23,949 \$455.58 Impressions

\$641.17

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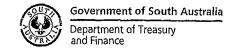
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Any questions completing your request? Call: Purchase and Facilities Telephone 08 – 8226 2699 Send the completed form to:

Send the completed form to Shared Services SA DTF Accounts Payable

Payment details				
Vendor (name an	d address)		Date of purchase	/s
James Stevens	s C/- Parliament Hou	use Adelaide, GPO Box 572, Adelaide SA 5001	13 / 05 / 20	16
		T.	· · · · · · · · · · · · · · · · · · ·	• •
Description of go	ods or services	en de la companya de	Total incl. G	ST
Reimbursemer	nt for part payment o	of IT Equipment - Apple Store	\$ 397	'.00
			\$	
			and the state of t	
			\$	
Vehicle registration	on and odometer readi	ing — for pool car use	en e	
			\$	
	-	Total payment	\$ 397	.00
•				
Authorisation de	etails	tion must be attached. ✓ Attached		West States
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Authorisation de	etails original documentat	tion must be attached. ✓ Attached	ager Date	
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Request for payment



- Complete vendor details, description and GST inclusive amount for each payment request
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- 3 Enter account number and tax code details

Any questions completing this form? Call: Accounts Payable Officer Telephone 08 - 8226 3501 Send the completed form to: Corporate Services Accounts Payable Officer

	Payment details	
•	Vendor Jones Stavens Description of goods or services IT Equipment Parks Sos - And	Date of purchase/s 13,5,2016 Total incl. GST s 397.00
	Ti colonia in incheses rippe	1 23 (7.00
		5
		\$
	Total payment	1 53970000
•	Authorisation details	
2	IMPORTANT: All original documentation must be attached. Attached. Certified by (print name). Approved by (print name and title)	
	James Stevens Steven Marchall	
	Signature :Signature:	Date
	100	10,6 Del6
,		
ŀ	Account details	
و. مد.	the second of th	
•	Account number Tax code GST excl. amount	GST Total incl. GST
)	·	\$ 0,00
		\$ 0.00
'		\$ 0.00
	·	

Only users with a minimum of Acrobat Reader 7 are able to SAVE this form,

TAX INVOICE



Apple Store, Rundle Place Apple Pty Ltd Rundle Place Adelaide SA 5000

rundleplace@apple.com

www.apple.com/au/retail/rundleplace

ABN: 46 002 510 054

May 13, 2016: 09:58 AM

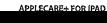
Customer Email

James Stevens

iPad Pro 12.9 Wi-Fi Cl 256GB Gray



Unit Price	GST%	Qty
\$ 1,771.82	10.0%	1
GST Ex. Price	GST	Total
\$ [.] 1,771.82	. \$ 177.18	\$ 1,949.00





This plan is registered automatically. Verify your coverage at apple.com/support/applecare/ww/

Terms & Conditions:

apple.com/legal/sales-support/applecare/applecareplus

For Support, Visit:www.apple.com/au/support

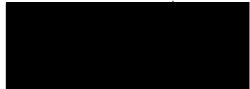
Unit Price	GST%
\$ 117.27	10.0%
GST Ex. Price	GST
\$ 117.27	\$ 11.73

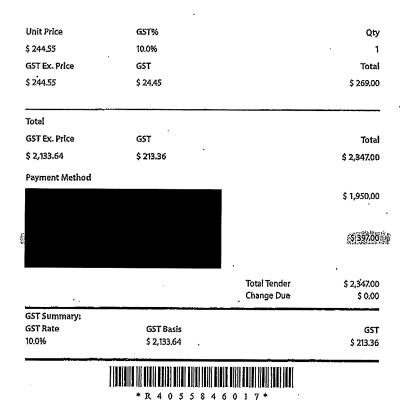
Qty 1 Total \$ 129.00

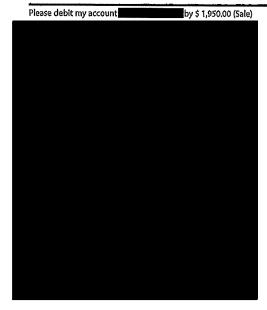
> Qty 1 Total \$ 0.00



Unit Price	GST%	
\$ 0.00	10.0%	
GST Ex. Price	GST '	
\$ 0.00	\$ 0,00	•







Do you have to make payment for goods or service, but don't have an invoice?

> Apply via e-Procurement, UNLESS exception applies, then follow these steps>

- This form is only to be used for: foreign currency requests, Fleet SA petty cash, Electorate Services non-invoice payments (MPs), personal petty cash reimbursements.

 All other requests are to be made via the Purchase Management module of e-Procurement.
- Complete vendor details, description and GST inclusive amount for each payment request
- 2 Ensure payment is authorised by appropriate financial delegate and original documents are attached
- Enter account number and tax code details

Any questions completing your request? Call: Purchase and Facilities Telephone 08 – 8226 2699

Send the completed form to: Shared Services SA DTF Accounts Payable

Vendor (name and address)					f purchase/s
James Stevens C/- Parliament House	e Adelaide, GPO Bo	x 572, Adelald	e SA 5001		09 / 2016
Description of goods or services		м		l · To	otal incl. GST
Reimbursement for iPad Pro & Smar	rt Keyboard & Apple	care for iPad -	22/09/16	: \$	2,023.00
AND	ter et d'unique de debete en	i		\$	
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Vehicle registration and odometer reading	g — for pool car use			· · · · · · · · · · · · · · · · · · · ·	
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			tal payment	\$	2,023.00
Authorisation details IMPORTANT: All original documentatio					
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IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby	Approved by (p	rint name and tit		Date	09 / 2016
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IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby Signature ### Drump	Approved by (p	rint name and tit		Date	09 / 2016
IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby	Approved by (p	rint name and tit		Date	09 / 2016
IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby Signature ### Drump	Approved by (p	rint name and titl Policy & Entitl	ements Mar	Date	× 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby Signature Account details Account number	Approved by (p Tony Smith Signature	rint name and title Policy & Entitle	ements Mar	Date 2 <i>C</i>	Total incl. G
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IMPORTANT: All original documentation Certified by (print name) Jenny Ormsby Signature Account details Account number	Approved by (p Tony Smith Signature	Policy & Entitl Policy & Entitl GRAPH STEAM STEA	ount	Date 26	Total incl. G



Request for payment



- Complete vendor details, description and GST inclusive amount for each payment request
- 2 Ensure payment is authorised by appropriate financial delegate and original documents are attached
- B Enter account number and tax code details

Any questions completing this form? Call: Accounts Payable Officer Telephone 08 - 8226 3501 Send the completed form to: Carporate Services Accounts Payable Officer

ļ	Payment details
June 1	Vendor Date of purchase/s
U	James stevens 22,9,16
,	Description of goods or services Total incl: GST
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	It Equipment - Apple.
•	, <u>\$</u>
;	
	Total payment \$2,023.00
:	
I	Authorisation details
المحدو	IMPORTANT: All original documentation must be attached! Attached
2	교사를 통해진 시작을 하면 하는 사람이 하나 있다면 하는 사람들이 가지 않는 이 이 기업으로 살아 하는 것이다. 그는 그는 그는 그는 그는 그는 그를 다 하는 것이다.
	Certified by (print name) Approved by (print name and title)
ĺ	James Stevens Steven Marshall !!
· :	Signature Date
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	マリ (4次)/2
ļ	Account details
	Account number Tax code GST excl. amount GST Total incl. GST
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Only users with a minimum of Accobat Reader 7 are able to SAVE this form.

TAX INVOICE



Apple Rundle Place Apple Pty Ltd Rundle Place Adelaide SA 5000 08 7088 5300 rundleplace@apple.com

www.apple.com/au/retail/rundleplace

ABN: 46 002 510 054

September 22, 2016: 02:42 PM

Customer

James Stevens

Email

4...

IPAD PRO SMART KEYBOARD-ITS

For Support, Visit: www.apple.com/au/support

 Unit Price
 G57%
 Qty

 \$ 222.73
 10.0%
 1

 G5T Ex. Price
 G5T
 Total

 \$ 222.73
 \$ 22.27
 \$ 245,00

Return Date: Oct. 06, 2016

For Support, Visit: www.apple.com/au/support

 Unit Price
 G57%
 Qty

 \$ 1,499.09
 10.0%
 1

 GST Ex. Price
 GST
 Total

 \$ 1,499.09
 \$ 149.91
 : \$ 1,649.00

APPLECARE+ FOR IPAD

This plan is registered automatically. Verify your coverage at

apple.com/support/applecare/vvv/

Terms & Conditions:

apple.com/legal/sales-support/applecare/applecareplus

GST

For Support, Visit:www.apple.com/au/support

 Unit Price
 G5T%
 Qty

 \$ 11727
 10.0%
 1

 GST Ex. Price
 GST
 Total

 \$ 117.27
 \$ 117.23
 \$ 129.00

Total

GST Ex. Price

Total

