

COMMITMENT CERTIFICATE

Date: «letter_sent_date»
Contact Officer: «Managing_Practitioner»
Contact Phone: «managing_practitioner_phone»

Certificate Reference: «invoice_no» - Disbursement
Assignment Reference: «our_reference» Extension: «extension_no»
Firm Reference: «solicitor_reference»

LEGAL SERVICES COMMISSION OF SA	
ABN: 90 731 571 498	82-98 Wakefield Street ADELAIDE SA 5000 Postal Address: GPO Box 1718 ADELAIDE SA 5001 DX 104 Telephone: (08) 8463 3555 Facsimile: (08) 8463 3599

Solicitor: «Assigned_Practitioner_Name» **Client:** «Client_Title» «Client_Forenames»
«Client_Surname»
Firm: «Firm_Name» «Client_Postal_Address»
Aid Effective Date: «aid_effective_date»

Matters: «Approved_Matters»

CLAUSE	WORK TYPE	FEE INFORMATION	GST EXCLUSIVE FEE
«proforma_work_type_gst»			

The total nominal consideration that you should collect on behalf of the LSC is «initial_contribution». Please collect this nominal consideration from the client towards the services provided, if you have not collected it already.



A J Hunt
For Director

To claim payment for this work please complete the invoice form below and return this document intact to the LSC. This document will be a tax invoice for GST when you complete the details and sign and date the document.

To: Legal Services Commission of South Australia ABN: 90 731 571 498
82-98 Wakefield Street
Adelaide SA 5000

TAX INVOICE

From: **Solicitor:** «Assigned_Practitioner_Name» **Your Cert Ref:** «invoice_no» - Disbursement
Supplier: «Firm_Name» **Your File No:** «our_reference»
Firm No: «firm_no» **Ext. No:** «extension_no»
Client: «Client_Title» «Client_Forenames»
«Client_Surname»

Supplier ABN: «abn»
Registered:

Solicitor to complete these columns The GST is payable by the solicitor					
CLAUSE	WORK TYPE	YOUR MAX. FEE	FEE CLAIMED	GST	GST INCLUSIVE
«proforma_work_type_gst2»					
Totals					

I, being a practitioner do certify that this claim is correct and accurately reflects services undertaken.

Solicitor Signature Date

