

La Trobe University – GST Response Form

Company / Business Name: _____

Contact Name: _____

Contact Number: _____

Australian Business Number (ABN): _____

Deferral Number (if applicable): _____

This Business will provide **tax invoices** to La Trobe University in accordance with GST legislation:

Yes

No Please explain: _____

As a result of our review of product/service **pricing**, we expect the following average impact on our pricing of products/services supplied to La Trobe University:

Increase Estimated % _____

Unchanged

Decrease Estimated % _____

Please Explain:

Please complete and return to :

**GST Program Manager
La Trobe University
BUNDOORA VIC 3083**

Or Fax:

(03) 9479 1589