Sunnyfield Quote for Services Effective 8 May 2023											
Date (DD/MM/YYYY) Participant name NDIS participant number Quote prepared by					service (DD) ervice (DD/ ype number value		Weeks of service: No of weeks + days in final week/7	S die	Sunnyfield disAbility Services		
Support category	Support item	Rate per unit	Units per week	Weeks	Total units	Total	Notes	Invoice issued to	Service duration*	SF Cost centre	
Additional Services Rate Service				Total Units Total		Total	Notes	Invoice	Service	SF Cost	
Non face-to-face	Support item	Nate	Hours			Total	10165	issued to	duration*	centre	
			-								
			-								
			-								
		Rate	- Units per	Weeks	Weeks Total		Notes	Invoice	Service	SF Cost	
Other services	Support item		week		units	Total		issued to	duration*	centre	
							*Service duration = No end date - Bill	ng for services will continue	for agency mai	naged funding.	
Service Agreement	Service Manager	Your Su	ınnyfield co	ntact							
Name Signature Name							Email	Phone			
Your details Participant or Participant Representative - name Participant or Par				resentative - si	gnature		Date	NDIS plan end dat	NDIS plan end date		
Plan Manager details (if applicable) Contact name Business name Postal Address							Email	Phone	Phone		
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By signing the bottom section of this Quote for Services a Service Agreement (Agreement) is formed. This Agreement confirms that you accept the Support Services and that you accept the Terms and Conditions detailed on the back of this Agreement. In addition, you authorise any third party (including the NDIA) to share any information required to execute this Agreement . The Terms and Conditions and any updates can also be found at www.sunnyfield.org.au