From:

To:

INVOICE

Invoice number:
Date:
Expiry date:

Description	Number	Unity	VAT	Rate	Amount

Amount excluding VAT	
VAT	
Total amount	

Tax details:
Bank:
VAT:
Chamber of Commerce:

Contact details:
Telephone:
Email:
Website:

We would ask you to transfer the outstanding amount within ____ days to account number:

_____

in the name of: