



# Tax Invoice

To: Client Name, Emirates

Address: Client name – Emirates,  
Full address

Emirates, United Arab Emirates

[Client emails address 1](#)

[Client emails address 2](#)

**Invoice Date**

Sep 01, 2024

**Invoice Number**

INVABU-0000-2025

**PO Number**

FD-PO-0000

Company Name:

Lightidea

License No. 00000

Company Address

Abu Dhabi, UAE

PO Box – 100000

Description	Quantity	Unit Price AED	VAT %	VAT Amount AED	Total Amount AED
Project implement	1.00	00,000.00	5%	00,000.00	56423.20
Project fix	1.00	00,000.00	5%	00,000.00	2000.20
TOTAL AED					

**Payment Term: Net 15 Days**

For direct bank payments, the details are provided below

Beneficiary's Name: XYZ XYZ Company

AED payments: IBAN #: AE790100061000820000; Account #: 100061000820000

Bank Name: XYZ

Bank Address: Main Branch,

Abu Dhabi, UAE

For Company name, UAE

Authorized Signatory

Email: Authorized email address of the company