

Company

Address

VAT INVOICE

Invoice Number:

Date:

Company Reg. No.

VAT Reg. No.

Contact Number:

Email:

Direct Client Limited (or Agency)

Contact Name:

Reference Number (e.g. PO No.)

Please make payment payable to

Services Provided	Hours Worked	Hourly Rate	TOTAL
		Subtotal	
		VAT @ %	
		TOTAL DUE	

THANK YOU FOR YOUR BUSINESS!

Payment Terms

Total Due amount should be paid within 30 days from the issue date of this invoice. We reserve the right to claim statutory interest at 8% above the base rate for late payment.