

Company \_\_\_\_\_

Address \_\_\_\_\_

# VAT INVOICE

Invoice Number \_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Date: \_\_\_\_\_

VAT Reg. No. \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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 6% above the base rate for late payment.