

Your Company Name

Tax ID

ADD

Tax ID

☒ Original For

☐ Duplicate For

☐ Triplicate For

Buyer

Transporter

Office Filing

Buyer

Transporter

Office Filing

TAX INVOICE

Tax No.

Goods Description:

MR. Delivery address

Invoice No.

1

Date:

02/02/2009

Mode of Transport

By Road/Ship

Transporter's Name

Sub

VAT Tax No.

CST Tax No.

1/10/10/100

0000

State:

00000000

Billing Address:

MR. Billing Address

P.O. No.:

Remarks:

VAT Tax No.

CST Tax No.

		Description of Goods	Units	Quantity	Unit	Rate	Amount
1	10	part no. 1234		1000	100	2.00	2,000.00
2	02	part no. 45678		500	PAC	7.25	3,625.00
							5,625.00
1	Less	Trade Discount			12.00%	1,200.00	-1,200.00
2	Less	Additional Discount			4.20%	-400.00	-400.00
							4,025.00
1	Add	Refundable Vat			5.00%	603.75	603.75
							4,628.75
Add Freight							1,500.00
TOTAL				1,578			6,128.75

Buyer: Please Print and Print Mailing Name, Print and Print Company Name

Confirmed that the particulars given above are true and correct and the amount represents the price actually charged from the buyer.

Excess 10 Conditions:

1. The invoice is valid only if it is countersigned by the transporter.
2. The invoice is valid only if it is countersigned by the transporter.
3. The invoice is valid only if it is countersigned by the transporter.
4. The invoice is valid only if it is countersigned by the transporter.

Buyer: Please Print and Print Mailing Name, Print and Print Company Name. The invoice is valid only if it is countersigned by the transporter. The invoice is valid only if it is countersigned by the transporter. The invoice is valid only if it is countersigned by the transporter.

For Your Company Name

Authorized Signatory

Subject: 10 Print Mailing Name