

Your Company Name

Invoice ID

Issue Date

PO Number

Due Date

From

Your name

Address Line 1

Address Line 2

City, State, Zip Code

For

Client's name

Address Line 1

Address Line 2

City, State, Zip Code

Subject

| no. | desc | Quantity | Unit net price | Total net | VAT % | VAT amount | Total gross |
|-----|------|----------|----------------|-----------|-------|------------|-------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | | | | Total | | | |
| | | | | Tax rate | | | |

Notes