|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUR BUSINESS NAME**  Your Address  City, Province, Postal Code  Phone: +27 XX XXX XXXX  Email: your@email.com  VAT No: 4XXXXXXXXX | **TAX INVOICE**  |  |  | | --- | --- | | Invoice #: | INV-001 | | Date: | 2024/10/18 | | Due Date: | 2024/11/17 | |

**BILL TO:**

Client Name

Client Address

City, Province, Postal Code

VAT No: (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **QTY** | **UNIT PRICE** | **VAT** | **AMOUNT** |
| Item 1 description | 1 | R 1,000.00 | R 150.00 | R 1,150.00 |
| Item 2 description | 1 | R 1,000.00 | R 150.00 | R 1,150.00 |
| Item 3 description | 1 | R 1,000.00 | R 150.00 | R 1,150.00 |

|  |  |
| --- | --- |
| SUBTOTAL: | R 3,000.00 |
| VAT (15%): | R 450.00 |
| **TOTAL:** | **R 3,450.00** |
| **AMOUNT DUE:** | **R 3,450.00** |

**PAYMENT TERMS:**

Payment is due within 30 days of invoice date.

Please include invoice number on payment reference.

**BANKING DETAILS:**

Bank: Your Bank Name

Account Name: Your Business Name

Account Number: XXXXXXXXXX

Branch Code: XXXXXX

*Thank you for your business!*