From:

Address:

Contact Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Billed To:**  Address:  Contact Number: | **Date:**  **Invoice#:**  **PO # :**    **I N V O I C E** | | |  |
| DESCRIPTION | PRICE QTY. | | | AMOUNT |
|  |  |  |  | |
|  | R | Total | R  R | |
| Total Tax 10% |  | |
| **Grand Total** | R | |