INVOICE

From To

Business Name: Business Name:

Address: Address:

Contact Number : Contact Number:

INVOICE NUMBER:

INVOICE DATE:

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM DESCRIPTION | PRICE | QUANTITY | TOTAL |
|  | R |  | R |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TOTAL R**

Payment to :

Account Number: