# INVOICE BILL from:

Invoice Number: **Senders Company Name:**

**Address:**

**Contact Number:**

Date:

# BILL TO:

**Receivers\_Company**:

**Address:** 13 Lockerby St.Landsdowne

**Contact Number:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I T E M** | **D E S C R I P T I O N** |  | **P R I C E** |  | **A M O U N T** |  |
|  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  | Sub Total: | | R |  |  |

**T o t a l : R**

**PAYMENT INFORMATION:**

**Bank:**

**Name:**

**Account:**

**TERM AND CONDITIONS:**

Payment is due 30 days from the invoice date.