INVOICE

# BILLED TO:

**Name:**

**Address:**

**Contact Number :**

**Senders Company :**

**Address:**

**Contact Number :**

Invoice No.: Date:

# PO Numb :

**Item Quantity Unit Price Total**

1

**Subtotal**

**Tax (0%)**

**Total R**

# PAYMENT INFORMATION

Account Name: Samira Hadid

Account No.:

Pay by: 5 July 2025

Samira Hadid