<Codecption test >

<Your address>

<Your contact details>

INVOICE

DATE

INVOICE NO.

<Payment terms (due on receipt, due in X days)>

BILL TO

<Contact Name>

<Client Company Name>

<Address>

<Phone>

<Email>

SHIP TO

<Name / Dept>

<Client Company Name>

<Address>

<Phone>

DESCRIPTION	QTY	UNIT PRICE	TOTAL
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

Remarks / Payment Instructions:

SUBTOTAL	0.00
DISCOUNT	0.00
SUBTOTAL LESS DISCOUNT	0.00
TAX RATE	20%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00
Total TTC	**100 €**