

Company

Address

# VAT INVOICE

Invoice Number:

Date:

Company Reg. No.

VAT Reg. No.

Contact Number:

Email:

Direct Client Limited (or Agency)

Contact Name:

Reference Number (e.g. PO No.)

Please make payment payable to

Services Provided	Hours Worked	Hourly Rate	TOTAL
		Subtotal	
		VAT @ %	
		TOTAL DUE	

THANK YOU FOR YOUR BUSINESS!

## Payment Terms

Total Due amount should be paid within 30 days from the issue date of this Invoice. We reserve the right to claim statutory interest at 8% above the base rate for late payment.