

INVOICE

Name Street/Address Postal code / City

Ref: Reference name

Invoice number
Invoice date:

WHAT?	HMM?	HOW MANY?	AMOUNT?
Sketches and ideas	Hourly basis		
Web-design	Fixed price	and the same of th	
TAX	2596	,	

TOTAL:

Payment information: Account no.: 2850 11 43903

Please mark the payment with the invoice number (....)

olom.se * (+.47) 90 57 33 46 * Incitation.se Songe, 47YU Lillesand * Organ, YY1 054 Y/Y