|  |
| --- |
| **{NamaPPAT}**  **{WilayahPPAT}**  {AlamatPPAT}  Email : {EmailPPAT}/Hp : {HpPPAT} |



**INVOICE**

**NO. {NoInv}**

|  |  |
| --- | --- |
| **Kepada :**  **PT.SEDAYU DANA BANDA**  Ruko Prima Harapan Regency Blok A No.9 JL. Perjuangan Bekasi Utara Kel. Harapan Baru,Kec. Bekasi Utara , Kota Bekasi 17123.  T. (+62-21) 89256299  **Up. Ibu. Msy Fadilah**  **Email:** [dilla@sdbcorp.co.id](mailto:dilla@sdbcorp.co.id)/**Hp.** 083198741019 | **Tanggal Invoice**  {TglINV} |

|  |  |  |
| --- | --- | --- |
| **No.** | **Keterangan** | **Jumlah** |
| 1. | Biaya Pengecekan Sertipikat Hak Tanggungan  Dengan rincian berikut :    ({Rincian}) | {SubTotal} |
| **TOTAL** | | **{SubTotal}** |

***{Terbilang}***

Pembayaran Transfer ke :

Account No : {NoRekeningPPAT}

A/n : {PemilikRekeningPPAT}

Bank : {NamaBankPPAT}

Cabang : {CabangBankPPAT}

|  |  |
| --- | --- |
|  | Hormat Saya,  {WilayahPPAT},{TglNow}  **{NamaPPAT}** |