

**Client Name**  
789 Maple St  
City  
Country

**Your Company**  
123 Main St  
City  
Country  
phone 123-456-7890  
email billing@company.com  
website www.company.com  
kvk 12345678  
vat NL123456789B01  
iban NL00BANK1234567890

**Invoice**

**Client Id** CUST001  
**Invoice Number** INV001  
**Invoice Date** August 5, 2025

Expiry Date September 4, 2025

| Description         | Quantity | Unit  | Rate     | VAT% |
|---------------------|----------|-------|----------|------|
| Consulting services | 160      | Hours | € 140,00 | 21%  |

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|                     |                    |
|---------------------|--------------------|
| Amount excl. VAT    | € 22.400,00        |
| VAT                 | € 4.704,00         |
| <b>Total Amount</b> | <b>€ 27.104,00</b> |

Please transfer the total amount of € 27.104,00 by September 4, 2025, to NL00BANK1234567890, referencing CUST001-INV001.