**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** 

October 31, 2025

Expiry Date November 30, 2025

**Description** Consulting services Quantity 160 Hours

Unit € 140,00

Rate

VAT%

21%

Amount excl. VAT

€ 22.400,00

VAT

€ 4.704,00

**Total Amount** 

**€ 27.104,00** 

Please transfer the total amount of  $\leq 27.104,00$  by November 30, 2025, to NL00BANK1234567890, referencing CUST001-INV001.