

**Bill Form :**

Your Company Name  
Alamat  
Kota/Post Code  
Negara/Provinsi

**Bill To :**

Your Company Name  
Alamat  
Kota/Post Code  
Negara/Provinsi

**Invoice# 00001**

Tanggal 12 Januari 2010  
**Jumlah** Rp.2,500,000  
**Tagihan**

No	Nama	Qty	UOM	Harga	Tax	Total
1	Moccacinuo	20	0	Rp.400,000	0	Rp.400,000
1	Moccacinuo	20	0	Rp.400,000	0	Rp.400,000
1	Moccacinuo	20	0	Rp.400,000	0	Rp.400,000
1	Moccacinuo	20	0	Rp.400,000	0	Rp.400,000

**Total : Qty: 2 Total: Rp.1,200,000****Terms & Condition**

- Bla Bla
- Bla Bla

**Notes**

Notes jangan di baca