



TRANS-ASIA SHIPPING LINES, INC.
 TRANS-ASIA Bldg., Cor. MJ Cuenco Ave., Osmeña Blvd., San Roque(Ciudad) Cebu City, 6000
 TELEPHONE NOS:(032) 254 6491
 VAT REG TIN: 000-565-559-000

SALES INVOICE
SI NO. 25000000000022

CUSTOMER CODE	: 1003	BILLING DATE	: 11/27/2025
CUSTOMER NAME	: LORRAINE TRAVEL AND TOURS	DUE DATE	: 11/27/2025
TIN	: 274-578-512-00000	PAYMENT TERM	: CBD
ADDRESS	: 2ND VM BLDG. AVILES CORNER RIZAL ST., ORMOC CITY, LEYTE Philippines	CUSTOMER REF. NO.	:

NO.	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT																																																						
1	FREIGHT CHARGE	Act Unit	1	1,200.00	P 1,200.00																																																						
<table border="0"> <tr> <td>VATABLE SALES</td><td>:</td><td>P 1,071.43</td> <td>TOTAL SALES (VAT INCLUSIVE)</td><td>:</td><td>P 1,200.00</td> </tr> <tr> <td>VAT - EXEMPT SALES</td><td>:</td><td>0.00</td> <td>LESS: VAT</td><td>:</td><td>128.57</td> </tr> <tr> <td>ZERO RATED SALES</td><td>:</td><td>0.00</td> <td>AMOUNT: NET OF VAT</td><td>:</td><td>1,071.43</td> </tr> <tr> <td>VAT AMOUNT</td><td>:</td><td>P 128.57</td> <td>LESS: SC/PWD DISCOUNT</td><td>:</td><td>0.00</td> </tr> <tr> <td></td><td></td><td></td> <td>AMOUNT DUE</td><td>:</td><td>1,071.43</td> </tr> <tr> <td></td><td></td><td></td> <td>ADD: VAT</td><td>:</td><td>128.57</td> </tr> <tr> <td></td><td></td><td></td> <td>TOTAL AMOUNT DUE</td><td>:</td><td>1,200.00</td> </tr> <tr> <td></td><td></td><td></td> <td>LESS: WITHHOLDING TAX</td><td>:</td><td>107.14</td> </tr> <tr> <td></td><td></td><td></td> <td>AMOUNT TO PAY</td><td>:</td><td>P 1,092.86</td> </tr> </table>						VATABLE SALES	:	P 1,071.43	TOTAL SALES (VAT INCLUSIVE)	:	P 1,200.00	VAT - EXEMPT SALES	:	0.00	LESS: VAT	:	128.57	ZERO RATED SALES	:	0.00	AMOUNT: NET OF VAT	:	1,071.43	VAT AMOUNT	:	P 128.57	LESS: SC/PWD DISCOUNT	:	0.00				AMOUNT DUE	:	1,071.43				ADD: VAT	:	128.57				TOTAL AMOUNT DUE	:	1,200.00				LESS: WITHHOLDING TAX	:	107.14				AMOUNT TO PAY	:	P 1,092.86
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REMINDER: Please issue Certificate of Withholding Tax or BIR Form 2307 together with your payment. Thank you!

REMARKS:

Prepared by:	Approved by:	Received by:
MELCHOR J. GALLO		
Printed Name & Signature/Date	Printed Name & Signature/Date	Customer's Name & Signature/Date
Bank Name : Test	Savings Account No. : 12345	
Address : test bank address	Swift Code : 12345	
Tel. No. : (032) 254-6491 to 98 loc. 222, 2	Account Name : Test account	