

REILPPUS LTD

[Street Address]  
[City, Country, Zip]  
Phone [+12345678]  
Fax [+12345678]

INVOICES

Date [dd/mm/yyyy]  
Invoice # [1234567]  
Customer ID [1234567]

Bill to  
[Name]  
[Company Name]  
[Address]  
[Phone]

Description	Taxable	Amount	
Clearasil Shower Gel	-	158800	
Sunlight Detergent Powder 900g	-	22200	
	Subtotal	N	181000
	Taxable	N	0
	Tax Rate	N	7.5%
	Total Due	N	194575