

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