

[Your Company Name]

[Street Address, City, State, ZIP Code]

[Phone]

[Email]

[Name]

[Job Position]

[Street Address, City, State, ZIP Code]

INVOICE

Tax ID:
123456789

Invoice Date
XX.XX.XX

Invoice No.
1227

Billing through:
XX.XX.XX

Professional Services

| Date | Employee | Description of work | Hours | Rate | Amount |
|-----------------|--------------|---------------------|-------|----------|------------|
| xx.xx.xx | Name Surname | Text | 0.75 | \$105.00 | \$78.75 |
| xx.xx.xx | Name Surname | Text | 0.75 | \$195.00 | \$146.25 |
| xx.xx.xx | Name Surname | Text | 2.00 | \$275.00 | \$550.00 |
| xx.xx.xx | Name Surname | Text | 2.00 | \$195.00 | \$390.00 |
| xx.xx.xx | Name Surname | Text | 7.00 | \$150.00 | \$1,050.00 |
| Total Services: | | | 12.50 | | \$2,215.00 |

Expenses

| Date | Employee | Description of work | Amount |
|-----------------|--------------|---------------------|----------|
| xx.xx.xx | Name Surname | Text | \$200.00 |
| Total Expenses: | | | \$200 |

| | | |
|------------|------------|--------------------------|
| Subtotal: | Sales Tax: | Amount due this invoice: |
| \$2,221.00 | \$10.46 | \$2,231.96 |

Account Summary

| SERVICE BTD | EXPENSES BTD | LAST INV NO. | LAST INV DATE | LAST INV AMT | LAST PAY AMT | PREV UNPAID AMT |
|--------------|--------------|--------------|---------------|--------------|--------------|-----------------|
| \$113,856.50 | \$16,665.03 | 1212 | XX.XX.XX | \$9,769.53 | \$13,581.25 | \$4,767.28 |

Total Amount due including this invoice: \$6,999.24



Commercial Invoice

Globex Corporation

582 Grand Drive
Lithonia, GA 30038

AIRWAY BILL NO.
000231

INVOICE NO.
000562

INVOICE DATE
11/05/2020

DATE OF EXPORT
11/05/2020

EXPORTER / SHIPPER

COMPANY NAME **Acme Industries**
ADDRESS **9176 Riverside Drive
Panama City, FL 32404**
CONTACT NAME **Lacey A Staley**
PHONE / FAX **302-545-0909**
EMAIL **lacey@mail.com**
COUNTRY OF EXPORT **United States of America**

SHIP TO / COSIGNEE

COMPANY NAME **Cala Foods**
ADDRESS **52 Indian Summer Lane
Austin, MN 55912**
CONTACT NAME **Andrew T McGuire**
PHONE / FAX **480-577-9916**
EMAIL **andrew@mail.com**
COUNTRY OF DESTINATION **Singapore**

| Product | Qty | Unit Price | Amount |
|--------------------------|-----|------------|--------------------|
| Laser Mouse | 10 | \$950.00 | \$9,500.00 |
| Dual XL Monitors | 20 | \$150.00 | \$3,000.00 |
| Multi-jet Printer | 02 | \$150.00 | \$300.00 |
| Sub Total | | | \$12,800.00 |
| Discount | | | \$300.00 |
| Tax | | | \$12.00 |

Total Value **\$12,512.00**

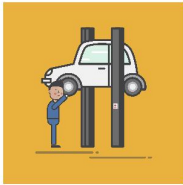
Total Weight

23 Kg

Shipment Terms

DDU

Authorised Signature



The Car Doctors Ltd. 547 High Street, London
Co. Reg. No.: 12345678 **VAT No.** GB123456789
Email: contact@thecardoctors.co.uk **Phone:** 07831261234
Website: thecardoctors.co.uk

Bill to: John Smith
123 Piccadilly, London +447812345678
United Kingdom

Invoice: 2021-009
Invoice Date: 19/05/2021
Due Date: 02/06/2021

| Description | Quantity | Unit | Price | VAT | Amount |
|---|----------|------|--------|-----|---------------|
| Dent repair 6-inch dent above back left tyre | 1 | each | 200.00 | 20% | 200.00 |
| New tyre Standard multi-directional | 1 | each | 60.00 | 20% | 60.00 |
| Tyre replacement Back left tyre - standard multi-directional | 1 | each | 20.00 | 20% | 20.00 |
| Subtotal without VAT | | | | | 280.00 |
| VAT 20% of 280.00 | | | | | 56.00 |
| Total GBP | | | | | 336.00 |
| Amount Paid | | | | | 0.00 |
| Amount Due (GBP) | | | | | 336.00 |

Terms & Conditions

Vehicle: Black Ford Fiesta - AB12 CDE
Payment to be made within 14 days via the payment link below.



Pay online

Bank: Barclays **Sort Code:** 12-34-56 **Account No.:** 7654321
Account Holder: The Car Doctors Ltd. **SWIFT:** ABCDEF11
IBAN: GB11 HBUK 1111 1111 1111 11

Go to: https://invoice.sumup.com/s/OEsrHH_Dm
Or scan the QR code using your phone's camera.

