

PROFORMA INVOICE

ESTIMATED / ADVANCE BILLING

Invoice No:

.....

Date:

.....

Due Date:

.....

Reference:

.....

SENDER / PROVIDER

.....

RECIPIENT / CLIENT

.....

.....

DESCRIPTION OF GOODS / SERVICES	QUANTITY	UNIT PRICE	TOTAL
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.....

.....

.....

.....

.....

Subtotal

.....

Estimated Tax

.....

Total Estimate

.....

Advance Requested

.....

PAYMENT TERMS & SPECIAL INSTRUCTIONS

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PREPARED BY

APPROVED BY