

Tax ID / VAT: _____

INVOICE

INVOICE NO: _____

DATE: _____

DUE DATE: _____

P.O. NUMBER: _____

CLIENT / BILL TO

Client Tax ID: _____

PROJECT / SERVICE SITE

| SERVICE DESCRIPTION | QUANTITY / HOURS | UNIT RATE | AMOUNT |
|---------------------|------------------|-----------|--------|
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| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

Subtotal: _____

Tax / VAT (___%): _____

Total Due: _____

PAYMENT INSTRUCTIONS

Bank Name: _____

IBAN / Account: _____

BIC / SWIFT: _____

TERMS & CONDITIONS

Payment Terms: _____

Late Payment Interest Rate: _____