



INVOICE

Invoice No: _____

Date: _____

Payment Terms: _____

Due Date: _____

SERVICE PROVIDER

INVOICE TO

CANDIDATE NAME	PLACED POSITION / ROLE	START DATE	ANNUAL SALARY	FEE %	TOTAL
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Subtotal

Tax / VAT

Total Due

BANK TRANSFER PAYMENT INSTRUCTIONS

Account Name:

Bank Name: _____

Account Number: _____

IBAN / SWIFT: _____

