

INVOICE

Invoice No: _____
Date: _____
Billing Period: _____
Due Date: _____

BILL TO

SERVICE LOCATION / PROJECT REFERENCE

DATE / WEEK	DESCRIPTION OF COMMERCIAL SERVICES RENDERED	QTY / HOURS	RATE	TOTAL AMOUNT
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PAYMENT INSTRUCTIONS / BANK DETAILS

Subtotal _____

Tax / VAT _____

Discount _____

Total Due _____

AUTHORIZED SIGNATURE