

INVOICE

Invoice No: _____
Date: _____
Due Date: _____
PO Number: _____

CLIENT / BILL TO _____

AGENCY / REMIT TO _____

Description / Service	Source	Target	Unit/Qty	Rate	Amount

Subtotal: _____

Tax / VAT: _____

Total Due: _____

Payment Information & Terms

Bank Name: Account Name: IBAN: SWIFT / BIC: