

INVOICE

Invoice No. _____
Date _____
Due Date _____

SERVICE PROVIDER _____

BILL TO _____

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	AMOUNT

Subtotal _____

Tax / VAT _____

Total Due _____

PAYMENT METHOD & INSTRUCTIONS

Bank Name: _____ Account Name: _____ Account Number: _____
Routing / IBAN: _____

Thank you for your business. Payment is expected within the agreed terms.