

PAYMENT REQUEST

INVOICE

Invoice No:

Date:

Due Date:

FROM

BILL TO

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total Due: _____

PAYMENT METHOD & INSTRUCTIONS

Bank Name:

Account Holder:

Account Number:

SWIFT / BIC:

Note / Reference:
