

PRO FORMA INVOICE

Pro Forma No: _____
Date: _____
Valid Until: _____
Payment Terms: _____

PROVIDER

CLIENT

DESCRIPTION OF SERVICES	HOURS / QTY	RATE	LINE TOTAL

Subtotal _____

Tax / VAT _____

Total Due _____

PAYMENT TERMS & DETAILS

Bank Name: _____
Account Name: _____
IBAN / Account No: _____

SWIFT / BIC:
