

*Your Company
Name or Logo*

Invoice No:

Date:

Address:.....

To:.....

V.A.T. Regd no:.....

Qty.	Description	Amount Exc. of V.A.T.	V.A.T. Net
V.A.T. Rate.....		Sub Total exc. V.A.T.	
Payment Terms.....		V.A.T.	
Tax Point.....		Total Due	