

*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

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