

*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.....

Payment Terms.....

Tax Point.....

Sub Total exc. V.A.T.

V.A.T.

Total Due