

Your Company Name

Invoice ID	
Issue Date	
PO Number	
Due Date	

From	
	Your name
	Address Line 1
	Address Line 2
	City, State, Zip Code
	VAT No.:

For	
	Client's name
	Address Line 1
	Address Line 2
	City, State, Zip Code
	VAT No.:

Subject

No.	Item	Qty	Unit net price	Total net	VAT %	VAT amount	Total gross
1							
2							
3							
4							
				Total			
				Tax rate			

Notes

Generate e-invoices at http://invoiceocean.com