



Company Name

[Street Address]

[City, ZIP]

Phone: []

Fax: []

Website:

Buyer

[Name]

[Company name]

[Street Address]

[City, ZIP]

[Phone]

INVOICE

Invoice No.

Customer ID

Date

Due Date

28.03.2015

28.03.2015

	Item Descriptions	Quantity	Price	% TAX	AMOUNT
1	[Item 1]	34	30.0	0.0	1020.0
2	[Item 2]	13	12.0	5.0	156.0
3	[Item 3]	23	18.0	18.0	414.0
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	
				0.0	

TAX

Taxable	%	Tax
1020	0.0	0.00
156	5.0	7.80
414	18.0	74.52
Total TAX		82.32

Subtotal 1590.00

Tax total 82.32

Other

TOTAL 1672.32

OTHER COMMENTS