



Company Name

[Street Address]

[City, ZIP]

Phone: []

Fax: []

Website:

Customer

Customer 4

Address 4

Zip 4, City 4

Phone 4

INVOICE

Invoice No.

Customer ID

Date

Due Date

00004

25.04.2015

25.04.2015

	Item Descriptions	Quantity	Price	% TAX	AMOUNT
1	Item 1	34	10.5	0.0	357.0
2	Item 2	10	10.5	5.0	105.0
3	Item 3	10	10.5	18.0	105.0
4	Item 1	10	10.5	0.0	105.0
5	Item 2	10	10.5	0.0	105.0
6	Item 3	10	10.5	0.0	105.0
7	Item 1	10	10.5	5.0	105.0
8	Item 2	10	10.5	0.0	105.0
9	Item 3	10	10.5	18.0	105.0
10	Item 1	10	10.5	0.0	105.0
11	Item 2	10	10.5	0.0	105.0
12	Item 3	10	10.5	5.0	105.0
13	Item 1	10	10.5	0.0	105.0
14	Item 2	10	10.5	0.0	105.0
15	Item 3	10	10.5	0.0	105.0

TAX

Taxable	%	Tax
1302	0.0	0.00
315	5.0	15.75
210	18.0	37.80
Total TAX		53.55

Subtotal 1827.00

Tax total 53.55

Other

TOTAL 1880.55

OTHER COMMENTS