

Your company name

Your company address
Your company city, ST ZIP
Your company contact info.
VAT registration number (if VAT registered)

VAT INVOICE

DATE:
INVOICE #:

BILL TO:

Name
Address
City, ST ZIP
Country
Phone
VAT #

SHIP TO:

Name
Address
City, ST ZIP
Country
Contact

P.O. #	Sales Rep. Name	Ship Date	Ship Via	Terms	Due Date

Product ID	Description	Tax Rate	Unit Price	Quantity	Line Total

SUBTOTAL -

VAT (6%) -

VAT (19%) -

SHIPPING & HANDLING -

TOTAL -

PAID -

TOTAL DUE -

Notes:

THANK YOU FOR YOUR BUSINESS!