

Your company name

Company address

Company city, state ZIP

Company phone, web site, contact info.

INVOICE

Invoice To
Test Customer One - x 123 First Street London 55555 UK
Your Caseworker
Sales1

VAT Reg. No.	Tax Date	Invoice #
vat1		

P.O. No.	Terms	Due Date
	Net 7	due1

Application Type
asfdasfd

DESCRIPTION	PRICE	VAT	TOTAL
prod1	10.00	0.50	10.50
prod2	20.00	1.20	21.20
prod3	30.00	1.20	31.20
prod1	10.00	0.50	10.50
prod2	20.00	1.20	21.20
prod3	30.00	1.20	31.20
prod1	10.00	0.50	10.50
prod2	20.00	1.20	21.20
prod3	30.00	1.20	31.20
prod1	10.00	0.50	10.50
prod2	20.00	1.20	21.20
prod3	30.00	1.20	31.20
asfdasf afdasf dafsfdaf		VAT TOTAL	£11.60
		SUBTOTAL	£240.00
		TOTAL	£251.60

PROMPT PAYMENT IS GREATLY APPRECIATED.

Company Name IBAN xxxx xxxx xxxx xxxx xx
Sort Code: xx-xx-xx SWIFTBIC: xxxxxxxx
Account No.: xxxxxxxx

TOTAL DUE £251.60

