

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

Description	Tax Rate	Tax	Unit Price	Quantity	Line Total

SUBTOTAL	-
VAT (6%)	-
VAT (19%)	-
SHIPPING & HANDLING	-
TOTAL	-
PAID	-
TOTAL DUE	-

Notes:

THANK YOU FOR YOUR BUSINESS!