

Company \_\_\_\_\_

Address \_\_\_\_\_

# VAT INVOICE

Invoice Number: \_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Date: \_\_\_\_\_

VAT Reg. No. \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Direct Client Limited (or Agency)

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Reference Number (e.g. PO No.)  
\_\_\_\_\_

Please make payment payable to \_\_\_\_\_

Services Provided	Hours Worked	Hourly Rate	TOTAL
		Subtotal	
		VAT @ _____%	
		TOTAL DUE	

**THANK YOU FOR YOUR BUSINESS!**

### Payment Terms

Total Due amount should be paid within 30 days from the issue date of this invoice. We reserve the right to claim statutory interest at 8% above the base rate for late payment.