



Company Name: _____ Address: _____ Fax number: _____ Phone number: _____ Email: _____		Invoice Number: _____ Ref: _____ Date: _____	
To		Billing period	
Description	Rate	Quantity	Amount
Sub total			
Profit and overheads			
Total taxable amount			
Sales Tax (@ _____ %)			
Other levies			
Total			
Authorized Signature & Seal	Notes / Comments:		