

Invoice

To:

Client Name
Company
Company Address Line 2
Company Address Line 3
Post Code
Country

Your Company Name

Company Address
Company Address Line 2
Company Address Line 3
Post Code
Country

Company Registration No: If Applicable

Invoice Details

Invoice Number	0	Tax Date	1/1/2011
PO Number	0	Terms	28 Days
Reference	0	Payment Due By	29/1/2011

Description	Rate	Quantity	Gross
Sample Item 1	£ 10.00	1.00	£ 10.00
Sample Item 2	£ 15.00	2.00	£ 30.00
Sample Item 3	£ 22.00	3.00	£ 66.00

Gross Total **£ 106.00**

Registered Office Address: Address Line 1, Address Line 2, Address Line 3, Post Code, Country