

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.