# INVOICE

DOCUMENT NO.:

DATE/TAX POINT:

YOUR REF:

To:

Delivery Address (if different)

F.A.O.

| | LINE VALUE | VAT CODE |
|---|---|---|
| | | |

| V.A.T. ANALYSIS | | | |
|---|---|---|---|
| CODE | GOODS TOTALS | RATE % | VAT TOTALS |
| | | | |

| | |
|---|---|
| TOTAL GOODS | |
| | |
| TOTAL | |
| TOTAL V.A.T. | |
| TOTAL DUE | |

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