

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 |
| | PO Number | 0 | Terms |
| | Reference | 0 | Payment Due By |
| | | | 1/1/2011 |
| | | | 28 Days |
| | | | 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