

# Your Business Name

Street Address, City, State Postcode, Country

Tel : (456) 3456-1234, Fax : (456) 3456-1235, Email : yourname@yoursite.com

Website : www.yoursite.com, Tax Registration Number : your tax reg. no

*[Insert logo here]*

Invoice to

**Customer Name**

Street Address

City, State/Province, Zip/Post code

Country

**Attention To : Contact Person**

## INVOICE

Invoice No# **10001**

Date 21/08/2013

Your Ref#

Our Ref#

Credit Terms 30 days

Description	Quantity	UM	Unit Price	Amount
Painting all walls and ceiling for whole house. Includes all wall and ceiling surface preparation				\$2,000.00
Supplies :				
Wall paint	10	8l tins	\$78.00	\$780.00
Ceiling paint	6	8l tins	\$66.00	\$396.00

### Comments

<b>Sub Total</b>	\$3,176.00
<b>Tax</b>	\$317.60
<b>Invoice Total</b>	<b>\$3,493.60</b>
<b>Delivery</b>	
<b>Amount Paid</b>	
<b>Balance Due</b>	<b>\$3,493.60</b>

### Terms & Conditions

- Please make check/ cheque payments payable to "YOUR BUSINESS NAME"

- Payments may also be made by wire transfer to the following account :

Account Name :

Account No # :

**Thank you for your business**