

**DEPARTMENT NAME / MINISTRY
GOVERNMENT AGENCY DIVISION**

PROFORMA INVOICE

Date: _____

Invoice #: _____

VENDOR / CONTRACTOR

Name: _____

Address: _____

Tax ID/EIN: _____

Contact: _____

BILL TO (GOVERNMENT ENTITY)

Department: _____

Project Name: _____

Contract/PO #: _____

Attn: _____

Item #	Description of Goods / Services	Qty	Unit Price	Total
01				
02				
03				

Subtotal: \$ _____

Tax/VAT: \$ _____

GRAND TOTAL: \$ _____

PAYMENT TERMS & NOTES

Authorized Contractor Signature

Date

Internal Agency Approval
Date

* This is a proforma invoice issued prior to delivery of goods or services for budgetary and approval purposes.