

TAX INVOICE

[Consultancy Name]
[Business Registration/Tax ID]
[Address Line 1]
[City, Postcode]

INVOICE NUMBER

[INV-000]

DATE

[DD/MM/YYYY]

CLIENT

[Client Company Name]
[Contact Name]
[Client Address]
[Tax ID]

PROJECT REFERENCE

[Project Name / Code]
[Purchase Order Number]

SERVICE DESCRIPTION	HOURS/QTY	RATE	AMOUNT
Digital Transformation Strategy & Roadmap	-	-	-
Data Analytics & Performance Audit	-	-	-
Stakeholder Workshop Facilitation	-	-	-
Subtotal -			
Tax ([0]%) -			
Total Due [Currency] -			

PAYMENT TERMS

Please remit payment within [30] days via Bank Transfer:

Bank Name: [Name]

SWIFT/BIC: [Code]

Account Number: [Number]