

TAX INVOICE

Invoice #: [00000]

Date: [YYYY-MM-DD]

[QA Company Name]

[Address Line 1]
[Address Line 2]
[Tax ID / VAT Number]

Client:

[Client Name]
[Client Address]
[Client Contact Email]

Project Details:

Project: [Project Name/Code]
PO Number: [Reference]

Service Description	Rate / Unit	Qty / Hours	Amount
[Manual Functional Testing]	[0.00]	[0.00]	[0.00]
[Automated Script Development]	[0.00]	[0.00]	[0.00]
[Regression Testing Cycle]	[0.00]	[0.00]	[0.00]
Subtotal		[0.00]	
Tax ([0%])		[0.00]	
Total Amount		[0.00]	

Payment Terms: [Net 30 Days]

Bank Details: [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

Quality Assurance Testing Tax Invoice Template