INVOICE

Invoice#

Invoice Date:

Bill To

Subject :

Address

TEL :

FAX :

Mail :

NAME :

Grand Total

(Tax(10%))

N O	Description	Qty	Unit	Unit Price	Total
			Subtotal		
			Tax(10%)		
			Total		

Remarks:

Payment Terms:

First Bank Account

Bank Details	Bank Name		Branch Name	
	Account Title		Account Number	
	Account Name			

Second Bank Account

Bank Details	Bank Name		Branch Name	
	Account Title		Account Number	
	Account Name			