| **TO:****NameCompany nameStreet addressCity, County/Region, PostcodePhone Enter phone | Email** |  | **FOR Project or service description****PO no. PO no.** |
| --- | --- | --- |
| Description | Quantity |  | Amount |
| Chairs | 2 |  | 500.00 |
| Enter description 2 |  |  | Enter amount |
| Enter description 3 |  |  | Enter amount |
| Enter description 4 |  |  | Enter amount |
| Enter description 5 |  |  | Enter amount |
| Enter description 6 |  |  | Enter amount |
| Enter description 7 |  |  | Enter amount |
| Enter description 8 |  |  | Enter amount |
| Enter description 9 |  |  | Enter amount |
| **Total** |  |  | **Enter total amount** |

Make all cheques payable to--------

Payment is due within 15 days.

If you have any questions concerning this invoice, contact Name | Phone | Email

**Thank you for your business.**