| **TO:**  **Name Company name Street address City, County/Region, Postcode Phone 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.**