

**Your Name**

Address

PPSN

VAT Number

# INVOICE

Invoice 001

Invoice 25/0#2024

**Bill to**

Address

Amount

**Description****Quantity****Unit Price****Amount**

Service provided

20 hours

€50,00

1.000,0

*VAT reverse charged under Article 196 of the EU VAT Directive,*

Subtotal

€1.000,00

VAT 23%

€ 230,00

Reverse Charge

€0,00

**Total****€ 1.230,00****Payment Terms**

14 days

**Payment Details**

Bank

IBAN

BIC