Your company Name
[Logo if applicable]

INVOICE

[Street Address]
[City]
[Postcode]
Phone:
Fax:
Email:

INVOICE NO:
DATE: MARCH 25, 2019
SUPPLIER NO:
PURCHASE ORDER NO:

TO:
Lincolnshire County Council
County Offices
Newland
Lincoln
LN1 1YL

DELIVER TO:
[Company name]
[Street Address]
[City]
[Postcode]

COMMENTS OR SPECIAL INSTRUCTIONS:

VAT Reg No (if applicable):

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		TOTAL VAT	
		SHIPPING & HANDLING	
		TOTAL DUE	

Please make payment to [**Your Company Name**]
If you have any questions concerning this invoice, contact [**Name, phone number, e-mail**]