

Your Company Name

Your Company Slogan

Street Address
City, ST ZIP Code
Phone 405.555.0190 Fax 405.555.0191

INVOICE

DATE: August 23, 2011
INVOICE # 100
FOR: Project or service
description

Bill To:

Name
Company Name
Street Address
City, ST ZIP Code
Phone

DESCRIPTION	AMOUNT
TOTAL	\$ -

Make all checks payable to Your Company Name

If you have any questions concerning this invoice, contact Name, Phone Number, E-mail

THANK YOU FOR YOUR BUSINESS!

Faktur Pajak

Kode dan Nomor Seri Faktur Pajak : 010.001-17.00000001		
Pengusaha Kena Pajak		
Nama : PT SINCHAN Alamat : JL PAHLAWAN BERTOPENG BLOK MATAHARI NO.11, KIOTO RT: 1 RW: 14, JAKARTA NPWP : 99.999.999.9-999.000		
Pembeli Barang Kena Pajak / Penerima Jasa Kena Pajak		
Nama : PT. Berkah Alamat : Jl. Kancil nomor 123, Kel. Mangga, Kec. Mawar, Jakarta NPWP : 01.234.567.8-001.000		
No.	Nama Barang Kena Pajak / Jasa Kena Pajak	Harga Jual/Penggantian/Uang Muka/Termin
1	Pembelian Peralatan Komputer Rp 2.000.000 x 10	20.000.000,00
Harga Jual / Penggantian		20.000.000,00
Dikurangi Potongan Harga		0,00
Dikurangi Uang Muka		
Dasar Pengenaan Pajak		20.000.000,00
PPN = 10% x Dasar Pengenaan Pajak		2.000.000,00
Total PPnBM (Pajak Penjualan Barang Mewah)		0,00

Sesuai dengan ketentuan yang berlaku, Direktorat Jenderal Pajak mengatur bahwa Faktur Pajak ini telah ditandatangani secara elektronik sehingga tidak diperlukan tanda tancan basah pada Faktur Pajak ini.



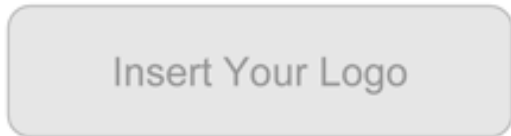
JAKARTA, 07 Desember 2017

Bang Aang

My Company name

My company slogan

Delivery Note



Order Date	September 6, 2013
Order #	[123456]
Delivery Note #	[100]
Customer ID	[ABC12345]
Despatch Date	September 6, 2013
Delivey Method	[UPS]

Shipping Address

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

Invoice Address

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

Item #	Description	Ordered	Delivered	Outstanding
55145	Product 1	12	12	0
55155	Product 2	5	5	0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0

Notice must be given to us of any goods not received within 10 days taken from the date of despatch stated on invoice.
Any Shortage or damage must be notified within 72 hours of receipt of goods.
Complaints can only be accepted if made in writing within 30 days of receipt of goods.
No goods may be returned without prior authorisation from company

Thank you for your business!

Should you have any enquiries concerning this delivery note, please contact John Doe on 0-000-000-0000

111 Street, Town/City, County, ST, 00000

Tel: 0-000-000-0000 Fax: 0-000-000-0000 E-mail: info@yourcompanysite.com Web: www.yourcompanysite.com

SUMMARY PO GR/SES

Please fill in the required field(s) using the information that we have sent through the email and attach this document as new requirement to submit an invoice.

PO Number: 450234023		
NO	Goods Receipt Number (GR)	Service Receipt Number (SES)
1	51198109809	
2		
3		
4		
5		
6		
7		
8		

|

(*) If the invoice is **goods**: you just need to fill the PO Number field and GR field(s) using the GR Number that we provide through the GR Notification email.

And if the invoice is **services**: you just need to fill the PO Number field and SES field(s) using the details that we provide through the service receipt form.

(**) Save the document as a PDF file, therefore you can compile this document with another document required.

(***) In order to maintain consistency and ensure the reading accuracy of the OCR process (Optical Character Recognition), it is highly suggested not to change the format of this document.