Supplier name

INVOICE

Address
City, State, ZP

VAT no

IKEA FISCAL ADDRESS:
IKEA Ibérica, S.A
Av. Matapiñonera Nº 9
Zp:28703 S. S. Reyes (Madrid) (SPAIN)
VAT no: A28812618
Phone: +34 91.492.50.00

IKEA DELIVERY ADDRESS:
IKEA Ibérica, S.A
Av. Matapiñonera Nº 9
Zp:28703 S. S. Reyes (Madrid) (SPAIN)
VAT no: A28812618
Phone: +34 91.492.50.00

SUPPLIED BY:
IKEA Ibérica
(PROPERTY)

Invoice Number	
Invoice Date	
Our Ref.	Raquel Quesada (Property)
Project Number	
IKEA Project	
Payment Terms	xxx Days
Due Date	
Delivery Date	
Contract or Purchase Number / Change Order	

Cost Groups (CG):
SUPPLIED BY:
IKEA Ibérica
(PROPERTY)

Advanced:
IF ONLY APPLY
ADVANCE

DESCRIPTION

Certification Number

COST GROUPS	DESCRIPTION	CONTRACT	NET CONTRACT	ORIG. CERTIFICATION	PREV.DEDUCT.	SUM CERTIF.	ADVANCED PAYMENT	NET AMOUNT	VAT %	AMOUNT
CG03-0310	ROOF DRAINAGE (Under Slab)	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
CG03-0320	SANITARY, WATER, GAS	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
CG03-0330	ELECTRICAL	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
CG04-0550	ACOUSTIC INSULATION	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
CG06-0210	SEWERAGE SYSTEM	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
CG02-0910	HEALTH & SAFETY	0,00	0,00	0,00	0,00	0,00	0,00	0	0,00	0,00
	AMOUNT	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**

Net Amount	0,00
VAT	0,00
AMOUNT	**0,00**
-10% Guarantee Ret.	**0,00**
To Pay	**0,00**
CURRENCY	**xxx**

Guarantee Retentions:
CALCULATE AMOUNT.
IF ONLY APPLY.

DIRECT ALL INQUIRIES TO:

Supplier Name:
Phone Details:
E-mail: someone@somename.com

www.homepage.com

Seal and Company Signature:

PAYMENT INFORMATION:

IBAN
SWIFT (BIC)
BANK NAME

Payment Terms: Bank Transfer to XXX days