INVOICE

Invoice To The Arts Council of Wales

|  |  |
| --- | --- |
|  | **INVOICE No:****DATE:**  |

|  |  |
| --- | --- |
| **Billing Address:**Arts Council of WalesBute PlaceCardiffCF10 5AL | **Delivery Address:** |

**Comments or special instructions:**

|  |  |
| --- | --- |
| **P.O. NUMBER** | **TERMS** |
|  | 30 Days |

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| --- | --- | --- |
| **DESCRIPTION** | **UNIT PRICE** | **AMOUNT** |
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|  | **TOTAL DUE** |  |
|  |  |

**Payment by BACS**

Bank Name:

Branch:

Sort Code:

Account Number:

Account Name:

If you have any questions concerning this invoice, contact