Name of consultant

Address 1

Address 2

City

Postal Code

Country

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Invoice Number** | **Donor** | **Project** |
|  |  |  |  |

*Invoice number template : (first letter of first name + surname + month + year – ex: JSMITH0318)*

**The Global Initiative against Transnational Organized Crime**2nd Floor The Armoury

Buchanan Square, 160 Sir Lowry Road

Woodstock

Cape Town

7925

|  |  |  |
| --- | --- | --- |
| **Description** | **Currency** | **Amount** |
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|  |  |  |
| **Amount without VAT** | |  |
| **VAT Amount if Applicable** | |  |
| **Total Inclusive of VAT** | |  |

Banking Details

Name of Banking Institution :

Branch Code :

Account Holder’s Name :

Type of Account :

Account Number :

Swift Code :

IBAN :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature