**Invoice**

Name of Consultant

Street Address

City

Code

Country

**FUNDACIÓN INICIATIVA GLOBAL CONTRA**

**EL CRIMEN ORGANIZADO TRANSNACIONAL COLOMBIA**

**Av. Calle 100 No. 19ª – 30**

**Oficina 401**

**Edificio Ecotower**

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

*\*First letter of First Name + Surname + Month + Year – eg: JSMITH0318 - Please use a new Invoice Number for each submission*

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

Banking Details

Name of Account Holder

Name of Institution

Address of Institution

City, Country

Account Nr

Branch Code

IBAN Nr

Swift Code