**Invoice**

Your Name

Street Address

City

Code

Country

**The Global Initiative Against Transnational Organized Crime**

**Avenue de France 23**

**Geneva**

**Switzerland**

**CH-1202**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Invoice Number\* |  | Project on Expense |
| 01.01.2025 | AANOTHER0125 |  | PR270 250.GVAsalaryIT |

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

|  |  |  |
| --- | --- | --- |
| **Description** | **Currency** | **Amount** |
| Consultancy Fee – 1 January to 31 January 2025 | EUR | 500.00 |
| Office Supplies – Monthly Allowance – January 2025 | EUR | 5.00 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Amount without VAT** | | 505.00 |
| **VAT Amount if Applicable** | |  |
| **Total Inclusive of VAT** | | 505.00 |

Banking Details

Name of Account Holder *(must match the top)*

Name of Bank

Address of Bank

City, Country

Account Nr

Branch Code

IBAN Nr

Swift Code