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| IWA EVENTS- SALES INVOICE REQUEST TEMPLATE | | | | | | | | |
| Contact Name: | Contact Name | | | | | | | |
| Company Name: | Company Name | | | | | | | |
| VAT Reg. No: | VAT Reg. Number | | | | | | | |
| Company Address: | Company Address | | | | | | | |
| Country: | Country. | | | | | | | |
| Telephone No: | Telephone Number | | | | | | | |
| Email Address: | Email Address | | | | | | | |
|  | | | | | | | | |
| CONCEPT | | | BUDGET CODES | QUANTITY | UNIT PRICE | | CURRENCY | PRICE |
| IWA FEE – Insert title of the Conference, Location and date | | | Project Code: S425A – Events Coordination  Income Code:13010 – Conference Registration Income  Cost Centre: I-04-01– Conference Registration Fees | 1 | Insert IWA Fee | | **GBP** | Insert IWA Fee |
| Abstract Logic  FEE | | | Project Code: S488 – Events Coordination  Income Code:13050 – Conference Other Income  Cost Centre: I-09-01 – Other Income | Insert number of abstracts | **2.80GBP/abstract** | | **GBP** | Number of abstracts \* 2.80GBP |
|  | | | | | | | | |
| Invoice Requested by: | | Chrysa Triantafyllidou | | Date: | | 12 October 2017 | | |
| Please complete all fields and ensure all billing information is correct prior to requesting an invoice in order to avoid any unnecessary amendments | | | | | | | | |

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