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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 CoordinationIncome Code:13010 – Conference Registration IncomeCost Centre: I-04-01– Conference Registration Fees | 1 | Insert IWA Fee | **GBP** | Total IWA Fee |
|   |
|  Invoice Requested by: |   Chrysa Triantafyllidou | Date: | 28 November 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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