ODS Service Invoice Format Guide

Service Provider Details

Company Name: [Enter company name]
Address: [Enter company address]

Tax ID: [XX-XXXXXXXX]
Contact: [Phone / Email]

Invoice Details

Invoice No.: [ODS-INV-XXXX]
Date: [DD/MM/YYYY]
Due Date: [DD/MM/YYYY]

Bill To

Client Name: [Client's Name/Company]
Client Address: [Client's Address]

Service Description

Description of Services	Qty	Unit Price	Amount
[Describe service rendered]	[1]	[100.00]	[100.00]
[Describe additional service]	[2]	[50.00]	[100.00]
		Subtotal	[200.00]
		Tax (if any)	[20.00]
		Total	[220.00]

Payment Instructions

Bank Name: [Bank]
Account Number: [XXXXXXXXXXX]
Payment Terms: [eg. 30 days]

Important Notes

- All entries must be accurate and correspond to supporting documentation.
- Taxation fields should be completed according to applicable regulations.
- Payment terms and bank details must match the service provider's authorized information.
- Retain a signed copy for your records and as proof of service rendered.
- Ensure the invoice number is unique to prevent duplication in record keeping.