

INVOICE n°

Supplier

First Name :

Last Name :

Business Name *(if applicable)* :

Tax Number / Registration number *(if applicable)* :

Address :

City :

Postal/Zip Code :

Country :

Phone Number :

E-mail Address :

Invoice date :

Client

OECD

EXD/PBF/AFS Goods and Services Unit
2, rue André Pascal
75775 PARIS CEDEX 16, France

Invoice related to a Purchase Order

Purchase Order No. :

OECD contact name :

| ITEM DESCRIPTION | CURRENCY | AMOUNT |
|------------------|---|--------|
| | | |
| | | |
| | | |
| | Sub TOTAL | |
| | VAT rate / amount <i>(if applicable)</i> | |
| | TOTAL AMOUNT | |

Signature

Payable by transfer on bank account :

Payment terms : 30 days