

Invoice Template

CONSULTANT NAME

ADDRESS

TEL & EMAIL CONTACTS

INVOICE NUMBER:

TO: CAFS/TSF EASTERN AFRICA

Corporate Headquarters, CAFS Centre, MARA Road, UPPER HILL

P O BOX 60054 – 00200 NAIROBI, KENYA

TEL +254 20 273 1479

DATE:

ASSIGNMENT REFERENCE NUMBER:

ASSIGNMENT TITLE:

ITEM/DESCRIPTION OF DELIVERABLE	UNIT COST	UNIT	TOTAL COST
TOTALS			

PLEASE Remit to:

ACCOUNT NAME:

ACCOUNT NUMBER:

BANK NAME:

Branch:

BANK ADDRESS:

SWIFT CODE:

IBAN/ABA/ROUTING NUMBER:

CONSULTANT SIGNATURE