

INVOICE

Freelance Consultant

Esslingerstr. 1
73760 Ostfildern
Deutschland

FC@mobilelifedesign.com

Insurance XYZ

Attn: Mr Purchase

**Königstr. 1
70173 Stuttgart
Deutschland**

VAT ID **DE999999999**
National ID Number **99 999 999 999**

Contract No. **CONTR99999**
Performance period **2014.10.01 - 2014.10.31**
Invoice No. I20141117071286
Client No.

Invoice date **2014.11.17**
Payment date **2014.12.05**

We take the liberty to ask the following positions in accounting for our consulting and project support.

| Position | Description | Working hours Quantity | Rate in EUR net | Amount in EUR net |
|----------|------------------------------------|---------------------------|--------------------|----------------------|
| 1 | Timesheet_20141117 - F. Consultant | 160,00 | 85,00 | 13.600,00 |

Total net 13.600,00
plus VAT of 19,00% 2.584,00
TOTAL AMOUNT 16.184,00

The activity report is available in the enclosed timesheets. We ask you to transfer the invoice amount up to the payment date at the address below bank account. If you have any questions about this invoice, please do not hesitate to contact us.

Thank you for your business!

Best regards

PAYEE
BANK ACCOUNT

Mrs Consultant
BANK
IBAN
BIC (SWIFT)

Bank XYZ
DE43 999 999 999 999999 00
DEUT XX XXXXX