

Company ABC

Street
City, Country
VAT number 1234567890
contact@companyabc.com

INVOICE

INVOICE # 123/2024
DATE May 31, 2024
SUBJECT AO Trauma Community Grant "Country"2024

Title **INVOICE** followed by
invoice number, date and
subject

Payee's company name
and address
(VAT number is optional)

TO

AO Foundation AO Trauma
Street
City
Country

Regional AO Trauma
Office address

Description	Amount	VAT	VAT Amount	Total
Event management for AO Trauma Member Event	1,500	10%	150	1,650
Food and beverages	500	5%	25	525
Total			EUR 2,175	

Description of services,
amount, VAT, total

All currencies are
accepted. Use
currency of
recipient's bank
account.

Payment details

UBS Bank
Company ABC (bank account holder)
IBAN: XX11 2222 3333 4444 5555
SWIFT: QWERTY
Routing number (only required for payments to the United States)

International bank account
details for the transfer

Title **INVOICE** followed by invoice number, date and subject

Payee's company name and address (VAT number is optional)

Regional AO Trauma Office address

Description of services, amount, VAT, total

All currencies are accepted. Use currency of recipient's bank account.

International bank account details for the transfer

1. Please use the title **INVOICE**, and add an **invoice number**, the **date** and a **subject**. Please provide a short description of what the payment covers; for example:
AO Trauma Community Grant "Country" 2024

2. **Partner payee's company name and address** (VAT number optional); details of your partner payee (third party who provided you with the service(s) to realize your AO Trauma Community Grants project).

3. Your partner payee (third party) must invoice us by using **the address of the relevant AO Trauma Regional Office**. Because we are the payer, we must receive a legal and official invoice naming us as the payer. We cannot pay invoices that do not name us as the payer.

4. **Description of services, amount, total costs and VAT**. Your partner payee (third party) must describe the services rendered, the amount per item and the total amount which is to be paid. The service must match the service described in your AO Trauma Grant application.

5. All currencies are accepted. Please provide us with an invoice in the currency of recipient's bank account to minimize bank wire transfer fees.

Example: if your partner payee (third party) is in Spain, we can **accept the invoice issued in EUR**.

6. Please note that we absolutely must have the international bank account details of the payee on the invoice in order to be able to pay the outstanding amount directly to your partner (third party) to cover your costs. The "invoice-based" system requires that we receive an official and legal invoice for the service you need to realize your planned projects. If the invoice does not contain these required bank details, we will not be able to issue the requested payment.