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| **請求番号** | 123456789 |
| **請求日** | 2020/1/1 |

〒987-6543

東京都△△区△△町△丁目△△

△△ビルディング

△△株式会社

△△部　山田一郎

TEL:12-3456-7890 FAX:01-2345-6789

**請 求 書**

〒123-4567

東京都〇〇区〇〇町〇丁目〇〇

〇〇ビルディング〇〇〇〇〇

〇〇株式会社 御中

下記の通りご請求申し上げます。

単位：円

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **区分** | **品名** | **数量** | **単位** | **単価** | **金額** |  |  | | |  | |  |
| ※ | 〇〇〇〇〇 | 1 | 個 | 1,000 | 1,000 |  |  | | |  | |  |
|  | 〇〇〇〇〇 | 2 | 個 | 2,000 | 4,000 |  |  | | |  | | 【振込先】  △△銀行　△△支店  （普）123456789 |
|  |  |  |  |  |  |  |  | | |  | |  |
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|  |  |  |  |  |  |  |  | | |  | |  |
|  |  |  |  |  |  |  |  | | | **支払期限** | | 2020/2/1 |
|  |  |  |  |  |  |  |  | | |  | |  |
|  |  |  |  |  |  |  |  |  | | |  | |
|  |  |  |  |  |  |  | **対象計** | | **8％(※)** | | 1,000 | |
|  |  |  |  |  |  |  | **10％** | | 4,000 | |
|  |  |  |  |  |  |  | **小計(税抜)** | | | | 5,000 | |
|  | 注）※は軽減税率(8％)対象商品 |  |  |  |  |  | **消費税** | **8％(※)** | | | 80 | |
|  |  |  |  |  |  |  | **10％** | | | 400 | |
|  |  | 備考 |  |  |  |  | **合計(税込)** | | | | **5,480** | |
|  |  |  |  |  |  |  |