

**Invoice Date:** May 18, 2023

**Invoice #:** INV202643342

**Payment Terms:** Due Upon Receipt

**Due Date:** May 18, 2023

**Account Number:** 7013799614

**Currency:** EUR

**Payment Method:** Visa \*\*\*\*\*0348

**Account Information:** Úrad komisára pre osoby so zdravotným postihnutím

**Purchase Order Number:**

**Customer VAT/Tax Number:**

[Zoom W-9](#)

**Sold To Address:** Račianska 153, 153  
Bratislava, 83154  
Slovakia

zuzana.stavrovska@komisar.sk

**Bill To Address:** Račianska 153, 153  
Bratislava, 83154  
Slovakia

zuzana.stavrovska@komisar.sk

## Charge Details

CHARGE DESCRIPTION	SUBSCRIPTION PERIOD	SUBTOTAL	TAXES, FEES & SURCHARGES	TOTAL
<b>Charge Name:</b> Zoom One Pro Monthly Quantity: 1 Unit Price: EUR13.99	May 18, 2023 - Jun 17, 2023	EUR13.99	EUR2.80	<b>EUR16.79</b>
		Subtotal		<b>EUR13.99</b>
		Total (Including Taxes, Fees & Surcharges)		<b>EUR16.79</b>
		Invoice Balance		<b>EUR0.00</b>

## Taxes, Fees & Surcharge Details

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CHARGE NAME	TAX, FEE OR SURCHARGE NAME	JURISDICTION	CHARGE AMOUNT	TAX, FEE OR SURCHARGE AMOUNT
Zoom One Pro Monthly	Value Added Tax (VAT) 20.000%	Federal	EUR13.99	EUR2.80
Total (Including Taxes, Fees & Surcharges)				EUR2.80

## Transactions

Invoice Total				EUR16.79
TRANSACTION DATE	TRANSACTION NUMBER	TRANSACTION TYPE	DESCRIPTION	APPLIED AMOUNT
May 18, 2023	P-237515732	Payment		EUR-16.79
Invoice Balance				EUR0.00

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