



Invoice Date:	Jun 18, 2023	
Invoice#:	INV206950131	
Payment Terms:	Due Upon Receipt	
Due Date:	Jun 18, 2023	Purchase Order Number:
Account Number:	7013799614	
Currency:	EUR	Customer VAT/Tax Number:
<b>Payment Method:</b>	Visa ********0348	
Account Information:	Úrad komisára pre osoby so zdravotným postihnutím	
		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: Zoom One Pro</b> <b>Monthly</b> Quantity: 1 Unit Price: EUR13.99	Jun 18, 2023 - Jul 17, 2023	EUR13.99	EUR2.80	EUR16.79
			Subtotal	EUR13.99
		Total (Including	Taxes, Fees & Surcharges)	EUR16.79
			Invoice Balance	EUR0.00

## Taxes, Fees & Surcharge Details

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**

EUR16.79	Invoice Total						
APPLIED AMOUNT	DESCRIPTION	TRANSACTION TYPE	TRANSACTION NUMBER	TRANSACTION DATE			
EUR-16.79		Payment	P-243244351	Jun 18, 2023			
EUR0.00	Invoice Balance						

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