

Invoice Date:

Aug 18, 2023

Invoice #:

INV215360624

Payment Terms:

Due Upon Receipt

Due Date:

Aug 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
<div>Charge Name: Zoom One Pro Monthly</div> <div>Quantity: 1</div> <div>Unit Price: EUR13.99</div>	Aug 18, 2023 - Sep 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

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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
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TRANSACTION DATE	TRANSACTION NUMBER	TRANSACTION TYPE	DESCRIPTION	APPLIED AMOUNT
Aug 18, 2023	P-254397284	Payment		EUR-16.79
Invoice Balance				EUR0.00

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