

Discipline/Unit

**INVOICE/SONRASC**

Customer Name & Address:

**Telephone** 091

**Email:** income@universityofgalway.ie

**Invoice No. – (*Invoice no should begin with Cost Centre Number eg D9999-1)* VAT Registration:** 0022578J

**Uimh. an tSonraisc**

**Date/Dáta**

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| **Quantity** | **Description/Cur Síos** | | | | |  | **Unit Price** | **Total €** |
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|  |  |  |  |  |  |  | **Subtotal** |  |
|  |  |  |  |  |  |  | **VAT** |  |
|  |  |  |  |  |  | **Total Due including VAT** | |  |

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BANK TRANSFER PAYMENTS SHOULD BE MADE TO BANK OF IRELAND, 43 EYRE SQUARE, GALWAY

ACCOUNT IBAN NO: IE42 BOFI 903816 28453773 BIC: BOFIIE2D

PLEASE QUOTE INVOICE REFERENCE ON THE BANK LODGEMENT AND REMITTANCE ADVICE

