This is a preferred invoice format and should be used for guidance only.

Invoice

Supplier
Company name
Address line 1
Address line 2
City
State Postcode/zip code

Invoice date	Invoice #
01/01/2018	

Ship to:
Recipient name
Company
Address line 1
Address line 2
City
State postcode/zip code

Bill to:
Markel Corporation 4521 Highwoods Parkway Richmond, VA 23060 submit.invoices@markel.com

Invoice date	Invoice #	Purchaser name

Item	Description	QTY	Unit Price	Amount
			Tax sub total	
			Invoice total (inc. currency symbol)	

MARKEL®