INVOICE

|  |  |
| --- | --- |
| **Phone:** **Fax:**  VAT Registration No. xxxxxx | **INVOICE No**  **DATE:** |

|  |  |
| --- | --- |
| **Billing Address:**  **Buckinghamshire, Oxfordshire & Berkshire West ICB**  **QU9 Payables N165**  PO Box 312  LEEDS  LS11 1HP | **Delivery Address:**  N/A |

**Comments or special instructions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCOUNT NUMBER** | **P.O. NUMBER** | **REQUISITIONER** | **DELIVERY NOTE** | **TERMS** |
| N/A | N/A | Linda Page | N/A | N/A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **Px INITIALS** | **GP CODE** | **PRICE** | **AMOUNT** |
|  | Direct Cataract Referral |  | K | 40.00 | 40.00 |
|  | Cataract Post-Op Data |  | K | 10.00 | 10.00 |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Bank Details: Sort Code (XX-XX-XX)  Account Number (XXXXXXXX)  Account Name  Remittance Address (As above)  **Payment Terms: 30 Days From Invoice Date** | |  |  | SUBTOTAL |  |
|  |  | DISCOUNT AMOUNT | 0.00 |
|  |  | SHIPPING/HANDLING | 0.00 |
|  |  | VAT | 0.00 |
|  |  | **TOTAL DUE** |  |

For any queries on the data, please contact [practice name – phone number]

No personally identifiable data should be included on an invoice.

This includes any Patient names, NHS numbers and addresses.