

Invoice

Please Note: Invoices listing payments for multiple patients cannot be actioned. A separate Invoice ***must*** be submitted for each patient.

GMC No:	<input type="text"/>	Surgery /Hospital Address (Please place stamp below)
Invoice No:	<input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Invoice Date:	<input type="text"/>	
Payable to: (e.g. Dr A N Other)	<input type="text"/>	
Fee Payable		
Net:	£ <input type="text"/>	If VAT payable, please provide your 9 digit VAT Registration Number
VAT:	£ <input type="text"/>	<input type="text"/>
Gross:	£ <input type="text"/>	
Name:	<input type="text"/>	
Signature:	<input type="text"/>	Date: <input type="text"/>
Important Note: <i>If you wish to use your own Invoice template due to auditing reasons, please ensure that you include all of the information listed above and the DVLA reference number (e.g. M12345678). If you do not include the DVLA reference number on your submitted invoice, your payment may be delayed.</i>		