Invoice

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

Surgery /Hospital Address *(Please place stamp below)*

GMC No:

Invoice No:

Invoice Date:

Payable to:
(*e.g. Dr A N Other)*

Fee Payable

Net: **£**

VAT: **£**

Gross: **£**

If VAT payable, please provide your **9 digit** VAT Registration Number

Name:

Signature:

Date:

Important Note: *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.***