# [Your business name]

[Street address]
[Town, postcode]
[Email]

# INVOICE

No. INV-0001

BILL TO

**[Customer name]**

[Customer address]

ISSUE DATE
**10 Sept 2026**

DUE DATE
**24 Sept 2026**

| DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|---|---|---|---|
| Counselling sessions, 50 minutes | 4 | £55.00 | **£220.00** |
| EAP sessions, case reference only | 6 | £40.00 | **£240.00** |

Subtotal £460.00

**TOTAL DUE £460.00**

## PAYMENT DETAILS

| | |
|---|---|
| Bank | **[Bank name]** |
| Account name | **[Account name]** |
| Account no. | **[00000000]** |
| Sort code | **[00-00-00]** |

## NOTES

Payment due at the session.

Created with TapTax