[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	TIME	RATE	AMOUNT
Therapy sessions	4	£60.00	**£240.00**
School sessions, commissioned	6 hrs	£55.00/hr	**£330.00**

Subtotal £570.00

TOTAL DUE £570.00

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