INVOICE

Date: {InvDate}

Invoice Number: {InvNumber}

# {InvTitle},

# {InvClient},

**{InvAddress},**

**{InvState} State,**

# Nigeria

**SUPPLEMENTARY INVOICE FOR {InvQuarter} of POLICY PERIOD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLAN** | **TYPE** | **No. of MONTHS** | **COUNT** | **MONTHLY RATE (#)** | **PERIOD** | **AMOUNT (#)** |

|  |  |  |
| --- | --- | --- |
|  | **Subtotal** |  |
| **1% NHIS fee** |  |
| **TOTAL** |  |

***Payment Details:***

Bank: UBA PLC

Account Name: Avon Healthcare Limited Account Number: 1015173727 (NAIRA)



Chief Finance Officer: