



Invoice Date:
Invoice Number:
PO Number:
Customer A/C No:
Project Funder Ref: DFD

Invoice To:
UNIVERSITY OF LEEDS

Invoice From:
UNIVERSITY OF MANCHESTER

Finance Tel: N/A
Finance Email: N/A

DESCRIPTION	AMOUNT	VAT	TOTAL
Project Name: Test for 500 Claim Period: MAY 19 - JUL 19 Project Quarter: Q1	£10.00	£0.00	£10.00

PAYMENT TERMS: Net 30
PAYMENT DUE DATE:

BANK DETAILS

ACCOUNT NAME:
BANK NAME:
SORT CODE:
ACCOUNT NUMBER:
IBAN:
SWIFT:

PAYMENT LINK:

VAT REG NO: