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:** AUG 19 - OCT 19 **Project Quarter:** Q2	£0.00	£0.00	£0.00

PAYMENT TERMS: Net 30
PAYMENT DUE DATE:

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

PAYMENT LINK:

VAT REG NO: