|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | To be completed and returned to the offices of Alliance Clinical Services at: acsinvoices@allhealth.co.uk | | | | |  |
|  |  |  |  |  |  |  |
|  | Name: | Melissa Waite |  |  | INVOICE | |
|  | Company Name: (If applicable) |  |  |  |
|  | Address: | 6 Lislaynan Ballycarry |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Invoice Date: | 26/02/2023 |
|  |  |  |  |  | Invoice Number: | 2 |
|  |  |  |  |  |  |  |
|  | BILL TO: |  |  |  |  |  |
|  |  | Alliance Clinical Services |  |  |  |  |
|  |  | 54 Hagley Road |  |  |  |  |
|  |  | Birmingham |  |  |  |  |
|  |  | B16 8PE |  |  |  |  |
|  |  |  |  |  |  |  |
|  | CLINIC DETAILS: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Hospital: | Whiteabbey Hospital |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Specialty: | Endoscopy |  |  |  |  |
|  |  |  |  |  |  |  |
|  | DESCRIPTION |  | Date | Quantity | Rate | Amount (automatic calc) |
|  | Band 5 Nurse | | 25/02/2023 | 1 | £350.00 | £350.00 |
|  |  | |  |  |  |  |
|  | mileage home to hospital | | 25/02/2023 | 11 | £0.45 | £4.95 |
|  | hospital to home | | 25/02/2023 | 11 | £0.45 | £4.95 |
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|  |  | |  |  |  |  |
|  |  | |  |  | **TOTAL** | **£359.90** |
|  | BANK DETAILS: |  |  |  |  |  |
|  | Name on Account: | melissa waite |  |  |  |  |
|  | Name of Bank: | santander |  |  |  |  |
|  | UK BANK |  |  |  |  |  |
|  | Account Number: | 72122751 |  |  |  |  |
|  | Sort Code: | 09 01 28 |  |  |  |  |
|  | NON-UK BANK |  |  |  |  |  |
|  | IBAN Number: |  |  |  |  |  |
|  | SWIFT BIC Code: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Alliance Clinical Services will, wherever possible, endeavour to pay all invoices in the same week of receipt when they are received by midday on Wednesday | | | | | |
|  |  |  |  |  |  |  |
|  | Please provide copies of all receipts | | | | | |
|  |  |  |  |  |  |  |