

CONTRACTORS INVOICE

Supplier/PAYEE

Tax Ref number

INVOICE DATE:

INVOICE NUMBER

BANK NAME:

SORT CODE:

ACCOUNT NO.

VAT No.(if applicable)

TO:

AKTRION LOGISTICS
PEMBERTON HOUSE
STAFFORD COURT
STAFFORD PARK 1
TELFORD, TF3 3BD

Route Rates As Agreed

Issue Date	ROUTE No.	Rate	Adjusted Rate	Expenses / Deductions	TOTAL

DETAILS OF EXTRA PAY / DEDUCTIONS

DATE	DESCRIPTION	CHARGE

Aktrion Authorised Signature:

Supplier:

Print Name

Date

*** I the PAYEE confirm that I am liable for all income tax and*

National Insurance contributions

**** Supplier Signature:**

Net Total

VAT(if applicable)

INVOICE TOTAL