

YOUR COMPANY

Billed To

[Your Company/Organisation name]
[Your Address]
[City, State, ZIP Code]
[Your Email]
[Your Phone Number]

Date Issued

[Invoice Date]

Invoice Number

[Your InvoiceNumber]

Amount Due

£240

Payment Due Date: [Your Payment Due Date]

DESCRIPTION

RATE

QTY

AMOUNT

Oral Care for Health and Social Care - Level 2 Certificate
TQUK

£120

2

£240

Total

£240