

INVOICE: 2

Issued by:

Company Name
House Number and Street
City
Postcode
Email
Phone Number

Issued on:

05/12/2021



Issued to:

School 2
Full Address

Therapist:

Therapist's Name

Client Name(s)	Date	Price per session
Client 1	03.10.2021	60
Client 2	05.10.2021	60
Client 3	08.10.2021	60
Client 4	12.10.2021	60
Client 5	15.10.2021	70
Client 6	18.10.2021	60
Client 7	22.10.2021	70

Total: £440

Account Number: *****

Sort Code: **-**-**

Company Registration No: *****