

INVOICE: 3

Issued by:

Company Name
House Number and Street
City
Postcode
Email
Phone Number

Issued on:

05/12/2021



Issued to:

School 3
Full Address

Therapist:

Therapist's Name

Client Name	Date	Price per session
Client 1	01.10.2021	60
Client 2	03.10.2021	60
Client 3	08.10.2021	60
Client 4	10.10.2021	60
Client 5	12.10.2021	60
Client 6	14.10.2021	75
Client 7	16.10.2021	60
Client 8	17.10.2021	75
Client 9	17.10.2021	60
Client 10	17.10.2021	75
Client 11	18.10.2021	60
Client 12	19.10.2021	75
Client 13	19.10.2021	60
Client 14	20.10.2021	75

Account Number: *****

Sort Code: **-**-**

Company Registration No: *****

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Client Name	Date	Price per session
Client 15	22.10.2021	60
Client 16	22.10.2021	75
Client 17	22.10.2021	75
Client 18	25.10.2021	75
Client 19	25.10.2021	60
Client 20	25.10.2021	60
Client 21	25.10.2021	75
Client 22	25.10.2021	75
Client 23	27.10.2021	60
Client 24	27.10.2021	75
Client 25	27.10.2021	60
Client 26	27.10.2021	60

Total: £915

Account Number: *****

Sort Code: **-**-**

Company Registration No: *****