

INVOICE: 1

Issued by:

Company Name
House Number and Street
City
Postcode
Email
Phone Number

Issued on:

05/12/2021



Issued to:

School 1
Full Address

Therapist:

Therapist's Name

Client Name	Date	Price per session
Client 1	06.10.2021	60
Client 2	08.10.2021	60
Client 3	22.10.2021	75

Total: £195

Account Number: *****

Sort Code: **-**-**

Company Registration No: *****