[Your business name]

[Street address]
[Town, postcode]
[Email]

INVOICE

No. INV-0001

BILL TO

[Customer name]

[Customer address]

ISSUE DATE
10 Sept 2026

DUE DATE
24 Sept 2026

DESCRIPTION	TIME	RATE	AMOUNT
Equine physiotherapy treatment	1	£65.00	**£65.00**
Travel	25 miles	£0.45/mile	**£11.25**

Subtotal £76.25

TOTAL DUE £76.25

PAYMENT DETAILS

Bank	**[Bank name]**
Account name	**[Account name]**
Account no.	**[00000000]**
Sort code	**[00-00-00]**

NOTES

Payment due within 7 days of the invoice date.