[Your business name]

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

Invoice

No. INV-0001

PREPARED FOR

[Customer name]

[Customer address]

ISSUE DATE

10 Sept 2026

DUE DATE

24 Sept 2026

DESCRIPTION	TIME	RATE	AMOUNT
Fire risk assessment, office premises	1	£450.00	**£450.00**
Retained competent person support, October	1 month	£250.00/month	**£250.00**
		Subtotal	£700.00
		TOTAL DUE	**£700.00**

PAYMENT DETAILS

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

NOTES

Payment due within 30 days of the invoice date.