[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
Home visit, blood draw	1	£55.00	**£55.00**
Additional patient at same address	1	£25.00	**£25.00**
Sample courier to laboratory	1	£15.00	**£15.00**

Subtotal	£95.00
TOTAL DUE	**£95.00**

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.