[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	QTY	UNIT PRICE	AMOUNT
Initial consultation	1	£120.00	**£120.00**
Three-month programme	1	£350.00	**£350.00**
Laboratory test, arranged	1	£180.00	**£180.00**

Subtotal £650.00

TOTAL DUE £650.00

PAYMENT DETAILS

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

NOTES

Payment due before the consultation.