

[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 assessment and report	1	£480.00	£480.00
Therapy sessions	4 hrs	£75.00/hr	£300.00
Travel time	2 hrs	£40.00/hr	£80.00
Subtotal			£860.00
TOTAL DUE			£860.00

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.