[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
Initial assessment and treatment, 45 minutes	1	£70.00	**£70.00**
Follow-up treatment, 30 minutes	4	£55.00	**£220.00**
Home visit supplement	1	£20.00	**£20.00**
		Subtotal	£310.00
		TOTAL DUE	**£310.00**

PAYMENT DETAILS

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

NOTES

Payment due at the appointment.