[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
Assessment and report	1	£420.00	**£420.00**
Therapy session, 45 minutes	6	£70.00	**£420.00**
School liaison and planning	2 hrs	£70.00/hr	**£140.00**
		Subtotal	£980.00
		TOTAL DUE	**£980.00**

PAYMENT DETAILS

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

NOTES

Payment due within 14 days of the invoice date.