[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
Injury assessment and treatment	1	£55.00	**£55.00**
Rehab sessions	3	£45.00	**£135.00**
Pitch-side cover, match day	1	£120.00	**£120.00**

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.