# [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 | TIME | RATE | AMOUNT |
|---|---|---|---|
| Therapy sessions | 4 | £60.00 | **£240.00** |
| School sessions, commissioned | 6 hrs | £55.00/hr | **£330.00** |

Subtotal £570.00

**TOTAL DUE £570.00**

## PAYMENT DETAILS

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

## NOTES

Payment due at the session.