Invoice

Please Note: Invoices listing payments for multiple patients cannot be actioned. A separate Invoice *must* be submitted for each patient.

**Surgery /Hospital Address** *( Please place stamp below)*

**GMC No:**

**Invoice No:**

**Invoice Date: Payable to:**

**(*e.g. Dr A N Other)***

**Fee Payable Net:**

If VAT payable, please provide your **9 digit**

VAT Registration Number

**VAT:**

**Gross:**

**Name:**

**Signature:**

**Date:**

**Important Note:** *If you wish to use your own Invoice template due to auditing reasons,*

*please ensure that you include all of the information listed above and*

*the DVLA reference number* ***(e.g. M12345678). If you do not include the DVLA reference number on your submitted invoice, your payment may be delayed.***

**£**

**£**

**£**

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