**EAST AND NORTH HERTS CCG INVOICE**

INVOICE

|  |  |
| --- | --- |
| **Phone:** **Fax:**  VAT Registration No. xxxxxx | **INVOICE No**  **DATE:** |

|  |  |
| --- | --- |
| **Billing Address:**  NHS East & North Hertfordshire CCG  **06K Payables**  Phoenix House  Topcliffe Lane  Wakefield  West Yorkshire  WF3 1WE | **Delivery Address:**  Contact Name  Department  Address line 1  Address Line 2  Address Line 3  Address Line 4  Post code |

Comments or special instructions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCOUNT NUMBER** | **P.O. NUMBER** | **REQUISITIONER** | **DELIVERY NOTE** | **TERMS** |
|  | 06KJWILLIAMS |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **UNIT PRICE** | **AMOUNT** |
|  | 293171 52161002 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Bank Details:**  Sort Code (XX-XX-XX)  Account Number (XXXXXXXX)  Please make cheques payable to (XXXXXXXXXXXXXX)  Remittance Address(XXXXXXXXXXXX) | | SUBTOTAL |  |
| DISCOUNT AMOUNT |  |
| SHIPPING/HANDLING |  |
| VAT |  |
| **TOTAL DUE** |  |

Supplier Comments or Instructions: (XXXXXXXXXXXXXXXXXX)

**No personally identifiable data is to be put on an invoice. This includes any patient names and addresses. Use the patients NHS number where appropriate.**