**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 HouseTopcliffe LaneWakefieldWest YorkshireWF3 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.**