

Invoice

Community Pharmacy Name & Add.

Inv

Inv Date

Accounts Management East Laith Gate House Doncaster DN1 1JE

Comments or Special Instructions

| Quantity | Description | Unit Price | Total |
|----------|-------------|------------|-------|
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| Bank Name: | |
|-----------------|--|
| Sort Code: | |
| Account Number: | |

Inv Total with Breakdown Net Value: £ Vat Value: £ Gross Value: £

Before submitting your Invoice please check it complies with the following:

- Clearly states if it is an Invoice or Credit Note
- Provide clear details of the organisation submitting the invoice ad includes the remittance address
- Provides clear details of all Goods/Services billed
- Is legible
- Has a valid invoice date (Tax Point) and Invoice Number
- Clearly states the payee
- Has the correct VAT Calculations (Handwritten invoices in particular)
- Invoice adds up correctly (Handwritten invoices in particular)
- Includes the relevant supporting information, for example 1 claim form