

INVOICE TEMPLATE

YOUR BUSINESS NAME AND ADDRESS

THE HARMONY THERAPY TRUST
The Administration Office
Harty Room at
The Healthy Living Centre
Royal Road
SHEERNESS Kent ME12 1HH

Invoice date:

	For whom and what treatment given	Treatment No e.g. 1/6	£
1			donated
2			
3			
4			
5			
6			
7			donated
8			
9			
10			
11			
12			
13/1	Revert back to 1		donated
Travel	@.22p per mile (journeys in excess of 10 miles)		
	TOTAL PAYMENT REQUESTED		£

Thereafter it is every sixth treatment that is donated – on a rolling basis

Donated treatments are per session – not per client-patient

**PAYMENT WILL BE MADE BY BACS – PLEASE SUBMIT YOUR BANK ACCOUNT
DETAILS**