

INVOICE TEMPLATE

(please remove the above and put your business details here

Including address etc)

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

Please put the name that has to be on the cheque and your bank details

Thank you.