INVOICE TEMPLATE PLEASE ADD YOUR BUSINESS NAME AND ADDRESS AND YOUR BANK DETAILS HERE

THE HARMONY THERAPY TRUST

The Administration Office

at

The Healthy Living Centre

Royal Road

SHEERNESS Kent ME12 1HH

Invoice date:

|  |  |  |  |
| --- | --- | --- | --- |
|  | For whom and what treatment given inc. date  NB, every sixth treatment should be marked as donated | Treatment No  e.g. 1/6 | £ |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | TOTAL PAYMENT REQUESTED |  |  |
|  |  |  |  |