|  |  |
| --- | --- |
| **Bill to:** | **From:** |
| RNIDBrightfield Business HubBakewell RoadOrton SouthgatePeterboroughPE2 6XU | Company NameCompany AddressPostcode: |

|  |  |
| --- | --- |
| **Invoice number:** |  |
| **Invoice date:** | DD / MM / YY |

|  |  |
| --- | --- |
| **Assignment reference:** |  |
| **Date of assignment:** |  |
| **Purchase Order number:** |  |
| **Description of assignment:** |  |
| **Timesheet included (yes / no):** |  |

|  |  |  |
| --- | --- | --- |
| **Fee:** | £ |  |
| **Travel expenses:** | £ |  |
| **VAT (if applicable)** | £  | Click to add your VAT amount if applicable. |
| **Total fee:** | £ | Click to add the total fee cost. |

|  |  |
| --- | --- |
| **Travel description:****(Mileage, parking, etc.)** |  |
| **Any additional comments:** |  |

All fees to be paid in full no later than 30 days following receipt of this invoice.

|  |  |
| --- | --- |
| **Bank name:** |  |
| **Bank account number:** |  |
| **Bank sort code:** |  |
| **Bank Roll number (if applicable):** |  |
| **VAT number (if VAT registered):** |  |

**Once complete, email to:** **Freelance.InvoicePayments@RNID.org.uk**