**Example Invoice Template**

|  |  |
| --- | --- |
| **Business Name** | INVOICE |
|  | **Invoice Number: \_\_\_\_/2017** |
| *Your Name*  | Date:\_\_/\_\_/\_\_\_\_ |
| *Your Address* | *Parent / Carer Details* |

|  |  |
| --- | --- |
| Description | Amount |
|  |  |
|  Total to pay | £ |

Please ensure any remaining payments are made as per the contract

Total is due within 7 days of the receipt of this invoice

**Thank you**