

Name and address

INVOICE

TO:
PEEC Family Centre
Haringey Irish Centre
Pretoria Road
London N17 8DX

Your Invoice No:
Date:

Details Nature of work and when it was carried out	Net £	VAT amount £	Total £

Note 1: It is requested that payment be made in full within 30 days.

Note 2: Please make payment directly into my account Name:.....: Account Number:..... Sort Code.....

Note 2: My National Insurance Number:

Note 3: My unique Tax Reference Number is:

Your Sincerely