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| **INVOICE** | | | | | | | | | |
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| Appraisers name | | | |  |
| Appraisers address | | | |  | Invoice Number | |  | | |
| Appraisers address | | | |  |
| Appraisers address | | | |  | Invoice Date | |  | | |
| Appraisers address | | | |  |
|  | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Invoice to Organisation Details** | | | |  |  |  | | | |
| **NHS England** | | | |  |  | Contact: Debbie Cooper | | | |
| **Q82 South Central** | | | |  |  | NHS England - South (South Central) | | | |
| X24 Payables K005 | | | |  |  | Thames Valley | | | |
| Phoenix House | | | |  |  | c/o Jubilee House | | | |
| Topcliffe Lane | | | |  |  | 5510 John Smith Drive, Oxford Business Park South | | | |
| Wakefield | | | |  |  | Cowley, Oxford, OX4 2LH | | | |
| West Yorkshire | | | |  |  | e-mail: england.tv-appraisals@nhs.net | | | |
| WF3 1WE | | | |  |  | tel 01865 963822 | | | |
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|  | | **PO Number** | |  | |  | | **Terms** | |
| **N/A** | | **XXAPPRAISALS** | | **N/A** | | **N/A** | | **14 days** | |
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|  |  |  |  |  |  |  |  |  |  |
|  | | **Appraisal/Meeting Description** | | | | |  | |  |
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|  | |  | | | | |  | |  |
| **For** | |  | **Appraisee name** | | | **Appraisal date** | **Excess mileage over 50** | |  |
|  | |  | **Appraisee name** | | | **Appraisal date** | **Excess mileage over 50** | |  |
|  | |  | **Appraisee name** | | | **Appraisal date** | **Excess mileage over 50** | |  |
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| Bank Name | |  | |  |  |  |  |  |  |
|  |  | **Invoice Total With Breakdown** | |  |  |
| Sort Code | |  | |  |  |  |  |  |  |
|  |  | **Mileage @ 0.56p per mile** | | **£0.00** | |
| Account Number | |  | |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| Invoice Payable to: | |  | | |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |
| Remittance email address: | |  | | |  |  |  |  | |
|  |  |  | **Total Due** |  | **£0.00** | |
|  |  |  |  |  |  |  |  |  |  |
| **Before submitting your Invoice please check it complies with the following:** | | | | | | |  |  |  |
| ● Clearly quotes the full and correct Payables Address of the NHS Organisation receiving the goods / services. Go to www.sbs.nhs.uk for further details and Trust information. | | | | | | | | | |
| ● Clearly States if it is an Invoice or Credit Note | | | | | | | | | |
| ● Provides clear details of the organisation submitting the invoice and includes the remittance address. | | | | | | | |  |  |
| ● Provides clear details of all Goods / Services billed | | | |  |  |  |  |  |  |
| ● Quotes the NHS Purchase Order (PO) Number where applicable or the Trust Contact Name | | | | | | |  |  |  |
| ● Is Legible |  |  |  |  |  |  |  |  |  |
| ● Has a Valid Invoice Date (Tax Point) and Invoice Number | | | | |  |  |  |  |  |
| ● Clearly states the Payee | |  |  |  |  |  |  |  |  |
| ● Has the correct VAT Calculations (Handwritten Invoices in Particular) | | | | | |  |  |  |  |
| ● Invoice Adds Up Correctly (Handwritten Invoices in Particular) | | | | |  |  |  |  |  |
| ● Includes the relevant supporting information, for example timesheets. | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **No personally identifiable data is to be put on an invoice, this includes any patient names and addresses.** | | | | | | | | |  |
| **Use initials or the patients NHS number where appropriate.** | | | | |  |  |  |  |  |