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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** |
|
|  |  |  |  |  |  |  |  |  |  |
|  | **Appraisal/Meeting Description** |  |  |
|
|  |  |  |  |
|  |  |  |  |
| **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** |  |
|  |  | **Appraisee name**  | **Appraisal date** | **Excess mileage over 50** |  |
|  |  | **Appraisee name**  | **Appraisal date** | **Excess mileage over 50** |  |
|  |  |  | **Appraisee name**  | **Appraisal date** | **Excess mileage over 50** |  |
|  |  |  | **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 |   |  |  |   |  |  |   |
|  |  |   |  |  |
|  |  |  |  |  |  |   |  |  |  |
| Invoice Payable to: |   |  |   |  |  |
|  |  |  |   |  |  |  |
|  |  |  |  |  |   |   |  |  |  |
| 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.** |  |  |  |  |  |