PRO-FORMA INVOICE - DRAFT

PROVIDER NAME:

PROVIDER ADDRESS:

PROVIDER CONTACT DETAILS:

INVOICE	
Invoice No	Unique No to be shown
Invoice Tax Point Date	xx/xx/2020
Customer Contact	As specified
Contract No	As specified
P/O No	As specified
Your VAT No	As Specified
Account No	As specified
Contract Manager	As specified

Bill to:	Sold to:
Department for Work and Pensions	Department for Work and Pensions
PO Box 406, SSCL, Phoenix House, Celtic S	Medical Services Commercial
Newport	Room 306, Norcross
Gwent	Thornton Cleveleys, Blackpool
NP10 8FZ	FY5 3TA

Description:	Amount	VAT Code
DWP PIP - Lot(s) Provider to input		
Line 1 – Allowable costs for the month of …. 2020 plus Mark-Up of x per-cent.	Amounts to be entered here in £ Sterling	To be entered here

Provider Invoice Enquiries Contact Name: Contact Details Tel No and Email:

VAT Registration No:

Payment Terms

Total Net (GBP)	£x,xxx,xxx.xx
Total VAT (GBP)	£x,xxx,xxx.xx
Invoice Total (GBP)	£x,xxx,xxx.xx

VAT Code	VAT Rate	VAT Description	Net	VAT

Payee Payment Instructions: :

Company Details including Registration No and Company Address: :