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|  |  | INVOICE |

**ALL FORMS MUST BE TYPED AND NOT HAND WRITTEN. THEY MUST ALSO BE COMPLETED IN FULL. FAILURE TO DO THIS WILL RESULT IN PAYMENT DELAYS OR NON PAYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  |  |  | Invoice Number | (completed by LETB) |
| First Name **IN FULL** |  |  |  | Invoice Date |   |  | / |  |  | / |  |  |
| Middle name **IN FULL** |  |  |  | PO Number | **XXRHOLLAND** |
| Surname |  |  |  | FAO |  |
| Address Line 1 |  |  |  | Code | ASF154/7300/T3100/M5018 |
| Address Line 2 |  |  |  |  |  |
| Address Line 3 |  |  |  |  |  |
| Town/City**Return address****FAO**\_\_GP School\_\_\_\_\_\_\_Health Education East of England2/4 Victoria House, Capital Park, Fulbourn, Cambridge, Cambridgeshire CB21 5XB |  |  |  |  |  |
| Post Code |  |  |  |  |  |  |  |

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| Invoice To: **Health Education England – T73** **East of England LETB****T73 Payables F485**Phoenix HouseTopcliffe LaneTingleyWakefieldWF3 1WE |

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| --- | --- | --- | --- | --- |
| Bank Account Number | Bank Account Sort Code | bank account name | Swift code (overseas only) | E-mail address forremittance advice  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.***

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| --- | --- |
| **Total Value of the Claim** | **£** |

Please fill in the breakdown of the claim on the following page

**Details of the claim**

|  |
| --- |
| **Claimant Declaration: I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.****Name:****Signed: Date:** |
| **Certification of Attendance: I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.** **Name:****Signed: Date:** |

**This form then needs to be returned to the LETB for authorisation before submission to SBS**

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| --- |
| **Authorised By****Name: Ann Smith****Position: Programmes Manager****Department: Directorate of Education and Quality****Contact Number: 01223 597647****Signed: Date:**  |