|  |  |  |
| --- | --- | --- |
|  |  | 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 England  2/4 Victoria House, Capital Park, Fulbourn, Cambridge, Cambridgeshire CB21 5XB |  | | |  |  |  |  | | | | | | | |
| Post Code |  |  |  |  |  |  |  | | | | | | | |

|  |
| --- |
| Invoice To:  **Health Education England – T73**  **East of England LETB**  **T73 Payables F485**  Phoenix House  Topcliffe Lane  Tingley  Wakefield  WF3 1WE |

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

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

|  |  |
| --- | --- |
| **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**

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