Forename Surname

Locum Dentist

Address line 1, Address line 2, Address line 3, Town, Postcode

Mobile number

Email Address -



RAINBOW DENTAL 02/02/2020

2 High Street

London

EN16 2HN

For the Attention of – Practice Manager

**Invoice GBP**

*Locum Dental Services for the RAINBOW DENTAL*

15/1/20 £350 day rate

**TOTAL FOR THIS INVOICE £350**

Please make payment to:



Beneficiary: Name and Surname

Beneficiary Bank: Barclays

Sort Code: 01-01-01

Account Number: 12345678

**Payment Terms: 28 days from the date of invoice**