|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| payee name | |  |  |  |  | INVOICE |
| address |  |  |  |  |  |  |
| address |  |  |  |  |  |  |
| address |  |  |  |  |  |  |
| address |  |  |  |  |  |  |
| address |  |  |  |  |  |  |
|  |  |  |  |  | Date |  |
| Phone |  | Fax |  |  |  |  |
|  |  |  |  |  |  |  |
| VAT Registration Number | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *Billing Address* | |  |  |  | *Delivery Address* | |
| ***HANNAH OLIVER*** | |  |  |  |  |  |
| **NHS BRIGHTON & HOVE CCG** | | |  |  | NHS Brighton & Hove CCG | |
| **09D PAYABLES L685** | |  |  |  | Hove Town Hall | |
| **PHOENIX HOUSE** | |  |  |  | Norton Road | |
| **TOPCLIFFE LANE** | |  |  |  | Hove |  |
| **WAKEFIELD** | |  |  |  | BN3 4AH |  |
| **WF3 1WE** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Which quarter is this for?  Please tick. | | Q1 Apr – Jun | Q2 Jul - Sep | | Q3 Oct - Dec | Q4 Jan - Mar |
|  |  |  |  |  |  |  |
| Account Number | | Purchase Order No | Requisitioner | | Delivery Note | Terms |
|  | | n/a |  | |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Quantity | Description | | | | Unit Price | Amount |
|  | **Cataract Referral and Post-Operative Service** | | | |  |  |
|  | Referral per patient | |  |  | 13.50 |  |
|  |  |  |  |  |  |  |
|  | Follow-up per patient | |  |  | 25.00 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Bank Details | |  |  |  | Subtotal |  |
|  | Sort Code |  |  |  | Discount amount |  |
|  | Account Number |  |  |  | Postage |  |
| OR Please make cheques payable to: | | |  |  | VAT |  |
| Remittance Address | | as above |  |  | **Total Due** | **£** |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| Supplier comments or instructions: | | |  |  |  |  |
|  | | | | | | |

**The Contractor shall invoice Brighton and Hove CCG for activity undertaken on a quarterly basis. This invoice should include a summary of the activity undertaken, eg 10 referrals and 5 follow up appointments, but should not contain any patient identifiable information. The Contractor is required to maintain an adequate record of activity that is available for audit on request.**