

# Invoice

1 of 1

Your Company Name  
*(Logo if applicable)*

[Street Address]  
[City]  
[Post Code]

**Invoices to:**

Lincolnshire County Council  
County Offices  
Newland  
Lincoln  
LN11YL

Tel:  
Mobile:  
Email:  
  
Vat Reg Number:

**Deliver to:**

[Company Name]  
[Street Address]  
[City]  
[Post Code]

Invoice Number:  
Invoice Date:  
  
Supplier ID:  
Purchase Order Number:

Qty	Style Code	Product/service Description	Unit Price	Quantity	Total

Sub Total: £  
Shipping & Handling £  
Total VAT: £  
Total: £

Payment Terms: 28 days from date of invoice  
Company No. XXXXXX. BACS Details: Bank -1 High Street, Lincoln, LN11AA. Sort Code: XXXXXX Account Number: XXXXXXXX