

# Invoice

1 of 1

Your Company Name  
(Logo if applicable)

[Street Address]  
[City]  
[Post Code]

Tel:  
Mobile:  
Email:

Vat Reg Number:

Invoice Number:  
Invoice Date:

Supplier ID:  
Purchase Order Number:

**Invoices to:**

Lincolnshire County Council  
County Offices  
Newland  
Lincoln  
LN11YL

**Deliver to:**

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

| 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: XXXXXXXXX