Please Note: Invoices must be in PDF Format and not in Word or Excel Formats.

INVOICE/CREDIT NOTE*

(*delete where applicable)

SUPPLIER NAME
Address line 1
Address line 2
City
Post Code

Telephone
Mobile (if applicable)
Fax (if applicable)
Email

TO:
Accounts Payable
Wychavon District Council
Civic Centre,
Queen Elizabeth Drive
Pershore
WR10 1PT
creditors@wychavon.gov.uk

Invoice/Credit Note* Date

Invoice/Credit Note* Number

PO NUMBER (if applicable)

DESCRIPTION	Qty	Unit Price	VAT %	Amount VAT	Amount DUE
Description of Supplies, Services or Works	**1**	**£1.00**	**20%**	**£0.20**	**£1.20**
Total				**£0.20**	**£1.20**

PAYMENT DETAILS

BY BACS:
Bank
Account Name
Account Number
Sort Code

VAT Reg. No GB XXXXXXXXXX
Company Reg. No XXXXXX

BY CHEQUE:
Please make cheques payable to 'SUPPLIER NAME' and send to

SUPPLIER NAME
Address line 1
Address line 2
City
Post Code