[Your Business Name]

[Address line 1] · [Town/City] · [Postcode]
[Phone] · [Email] · [VAT/Tax number if registered]

INVOICE

Invoice number	[INV-0001]
Date	[Date]
Payment due	[Date + 14 days]

To: [Customer name]
[Customer address]
[Site address, if different]

Description	Qty	Unit price	Total
Strip and re-felt flat roof, per m2			
Replace broken or slipped slates			
Lead flashing renewal to chimney			
Ridge tile rebedding			
Scaffolding hire, per week			
	Subtotal		
	VAT at [20]%		
	Total		

Terms

Payment is due within 14 days of the invoice date. Bank transfer to: [Account name] | Sort code: [00-00-00] | Account number: [00000000]. Please use the invoice number as the payment reference.