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| Invoice | Date |

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| Bill To: | Payment Instructions | |
| Vaccination Clinic  239 Lordship Lane  London  N17 6AA | Account holder name:  Bank Name:  Sort code:  Account Number: | YOUR NAME ON ACCOUNT  NAME OF BANK: Lloyds/HSBC  xx-xx-xx  12345678 |

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Start | END | Service | Total Hours | Hourly Rate | Total |
| dd-mm-yy | hh:mm | hh:mm | Vaccination medical service | (start to end time without breaks) | £ per hour | £00.00 |
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| Total Due | £00.00 |