

# SECURITY SERVICES INVOICE

TO:

FROM:

Invoice Date:

Invoice Number:

VAT number (if applicable):

Security Services provided:

Security Services provided to:

Payment Terms

Bank Account Details:

Bank Name:

Sort Code:

Account Number:

Date	From 00:00	To: 00:00	Total Shift Hours	Rate (£)	Net Amount (£)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					
VAT rate (if applicable)					
<b>Total Including VAT</b>					