

# Rutland Medical Solutions Ltd.

Self Employed Invoicing/ Expenses Claim Form

Invoice Number:

Customer Name: Rutland Medical Solutions

Customer Address: 22 Kilburn End, Oakham, LE15 6LW

Customer Email: enquiries@rutlandmedicalsolutions.co.uk

### Summary of Invoice

### Total Amount Due

Please Make Electronic Payment via BACS to:

Name

Sort Code

Account Number

### Breakdown of Costs (Including VAT)

<u>Date</u>	<u>Role</u>	<u>Rate</u>	<u>Hours Worked</u>	<u>Total Cost</u>

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### Subtotal

I confirm that this is a true and accurate invoice of expenses incurred by myself for the purpose of executing business with Rutland Medical Solutions. Please find attached receipts relating to these transactions and/ or expenses which support this invoice.

Signed

Date