# INVOICE

**Invoice Number** 001 **Invoice Date** 01/10/2023

**Service Provider**

Name: John Doe

Contact Number: 07123 456789

Address: 123 Example Street, London, W1A 1AA

**Service User**

Name: Jane Smith

Contact Number: 07123 987654

Address: 456 Sample Road, London, W2B 2BB

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **Finish Time** | **Description of Service** | **Amount Charged** |
| 01/09/2023 | 09:00 | 17:00 | Support with personal care and meal preparation | £104.00 |
| 08/09/2023 | 09:00 | 17:00 | Support with personal care and meal preparation | £104.00 |
| 15/09/2023 | 09:00 | 17:00 | Support with personal care and meal preparation | £104.00 |
| 22/09/2023 | 09:00 | 17:00 | Support with personal care and meal preparation | £104.00 |

**Total Hours Worked** 32 hours

**Hourly Rate** £13.00

**Total Amount Owed** **£416.00**

**Payment Due Date** 01/10/2023