INVOICE

[Company(/or Coach Name if invoice from individual] [Address Line 1] [Address Line 2] [Address Line 3] [Postcode]

BIL	LΤ	0:

[INSERT CLUB] Strathclyde Sports Union 160 Cathedral Street Glasgow G4 0RF

Invoice Date:	
Invoice No:	
For:	Services

SESSION DATE(S)	CLUB, VENUE & COACHING HOURS	RATE OF PAY(£/HR)	TOTAL
		Invoice Total	£

PAYMENT DETAILS

	hould be registered self-employed. In order to comply that USSU obtains the Unique Taxpayer Reference
UTR NUMBER: If invoice from individual	

Please send payment to address below within 28 days of invoice

Account Name:	Sort Code:	
Name of Bank:	Account No:	

SIGNATURE

Claimants Signature:		Date:		
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