

# INVOICE/CREDIT NOTE

**SUPPLIER NAME**

Address line 1

Address line 2

Town

Post Code

Telephone

Mobile (if applicable)

Email

**TO:**

CCC

Accounts Payable

St Davids Park

CARMS

SA31 3HB

Invoice/Credit Note Date

Invoice/Credit Note Number

**PO NUMBER** (compulsory)

DESCRIPTION	COST
<b>VAT:</b>	£
<b>TOTAL DUE:</b>	£

**PAYMENT DETAILS****BY BACS:****Bank****Account Name****Account Number****Sort Code****SUPPLIER EMAIL**

VAT Reg. No GB XXXXXXXXXXXX

Company Reg. No XXXXXX