![ITS Integrated Treatment Services - Client-centred Therapy]

Client Invoice Record

ITS Client: _____

Invoice address: _____

Date of Visit	Details of Visit	Time and miles	Total Time/Cost	Office Use

Total   **£**

Locum Therapists name: _____

Date submitted: _____ **Pay rate** SP_____

Office use:

Date invoice created: _____ **Invoice number assigned**: _____

Tallied to Timesheet = signed: _____ **= timesheet reference**_____

Name of Invoice Administrator: _____