**INVOICE**

To: Faculty of Pharmaceutical Medicine Invoice date:

19 Angel Gate Invoice number: (optional)

326a City Road

London

EC1V 2PT

**DESCRIPTION Qty Item fee**

Revalidation appraisal 1 £50

[Add VAT if VAT registered]

**TOTAL £550**

Expenses Claim form included: YES [ ]  NO[ ]

**APPRAISAL INFORMATION**

|  |  |
| --- | --- |
| Appraiser name:  |  |
| Appraiser address:  |  |
|  |
|  |
|  |
| Appraisee name:  |  |
| Appraisal date:  |  |
| Appraisal location:  |  |

The appraisal took place in a meeting room: YES [ ]  NO[ ]

**PAYMENT INFORMATION**

|  |  |
| --- | --- |
| Account name: |  |
| Sort code: |  |
| Account number: |  |