**INVOICE**

 **INVOICE NUMBER: xxxxxxxxxxxxxx**

 **INVOICE DATE: xx/xx/xxxx**

**TO:**

**SHIP TO:**

Contact name

Pharmacy name

City

County

Postcode

NHS Dorset ICB

QVV Payables M985

Phoenix House

Topcliffe Lane Street Address

Wakefield

WF3 1WE

**COMMENTS OR SPECIAL INSTRUCTIONS:**

[Insert details here if applicable]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **ACCOUNT NUMBER**  | **P.O. NUMBER/ Contact Reference**  | **REQUISITIONER**  | **DELIVERY NOTE**  | **TERMS**  |
| If applicable  | **XXPCOPE**  | If applicable  | If applicable  | 30 days  |
|  |  |  |  |  |
| **QUANTITY**  | **DESCRIPTION**  |  | **UNIT PRICE**  | **TOTAL**  |
|   |  FluOOS supply by Patient Specific Direction following Outbreak in ……….  Drug tariff price of Drugs per item +£35 per outbreak      |  |   |   |
| Mainline wholesaler emergency courier delivery charge  |  |   |
| Payable to: [XXXXXXXXXXXX]Bank Account: [XXXXXXXXX] Remittance Address: [Email or postal address] If you have questions concerning this invoice contact [Name, Email, Telephone] VAT Registration Number: (if applicable)  | **SUB-TOTAL****VAT****SHIPPLING/HANDLING** **TOTAL DUE** |     |
|   |

NHS Dorset ICB FluOOS Invoice template V3. Dec 24 Review Date: 31 Nov 2025