**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