|  |  |
| --- | --- |
| Speaker Name  | invoice |
| Address 1Address 2Address 3CountyPostcode Telephone number email@address.co.uk  | **INVOICE** # XXXXXX **DATE** XX/XX/2024 |
| **Invoice to:**Local Services TeamBritish Dental Association64 Wimpole StreetLondonW1G 8YS |  |

| Description | Amount |
| --- | --- |
| **Enter Event Name and Date**  |  |
| Speakers fee | £Enter Amount |
| Travel expenses\*  | £Enter Amount |
| Number of miles being claimed \_\_\_\_ miles (if applicable) |  |
| Subsistence expenses | £Enter Amount |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | £Enter Amount |

Please make payment to:

Account Name: Name on account

Account Number: 00000000

Sort Code: 00-00-00

**If your bank account details have changed recently or you wish to be paid to a different bank account to one the BDA has paid before please let us know. This will prevent funds being paid to the incorrect account.**

Payment is due within 30 days.

\*If travelled by car, please submit mileage. Mileage is paid at 45p per mile.