## **INVOICE**

From:				To:	Ebbsflee	t Eng	gineering Services
					Whitewa		
					Whitewa	II Ro	ad
					Strood		
UTR No:					Kent ME2	2 4D	Z
Tel:					Tel: 01634	4 230	0101
Email:					account	s@el	bbsfleetItd.com
Invoice No:				Invoi	oice Date:		
Place of Work:				W/E I	W/E Date:		
	•	_					
		D	etails of	Worl	<b>&lt;</b> S		
DAY OF WEEK		ACE OF ORK	HOURS WORKED		HOURLY RATE		TOTAL/DAY £
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
		TOTAL		HRS			£
			Bank De	tails			
Bank/Building Society:							
Sort Code:							
Signed:				•	•		