**Instructions:**

* Add the LOC name at the top of the invoice where indicated – or optional to add the logo or use LOC letter head.
* Add the date the invoice will be sent to LOCSU where indicated.
* Do not alter the billing address, product description, or amount.
* Complete the payment instructions, note the bank account must be a LOC account.
* Once complete, delete these instructions, save and submit via email to [info@locsu.co.uk](mailto:info@locsu.co.uk) with the subject line ‘Domi-levy claim’ followed by the name of the LOC.

**INVOICE TEMPLATE *(replace title with LOC name/ letterhead)***

|  |  |
| --- | --- |
| **Billing information:** | |
| Date of invoice: | ***(add date here)*** |

|  |  |
| --- | --- |
| **Billing address:** | |
| Company: | Local Optical Committee Support Unit (LOCSU) |
| Name: | Janice Foster |
| Address: | 2 Woodbridge Street  London  EC1R 0DG |

|  |  |  |  |
| --- | --- | --- | --- |
| **Product description** | | | **Total** |
| Domiciliary Levy Payments (transfer)  April 2024-March2025 | | | £207.29 |
|  |  | **Grand Total:** | **£ 207.29** |

|  |
| --- |
| **Payment instruction:** |
| If you have any queries regarding this invoice, please do not hesitate to contact me on any of the above contact details.  Please submit your payment within 30 days of receiving this invoice.  BACS: please submit your payment to the bank account details shown below.  LOC Bank Account Name:  Branch:  Sort Code:  Account Number:  **Thank you** |