# Workforce Invoice Template

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| --- | --- | --- | --- | --- |
| The Finance Officer  Sport Structures Education CIC  Suite 8 The Cloisters  12 George Road  Edgbaston  Birmingham  B15 1NP | | **Your address:** | | |
| **Account name:** |  | **Invoice date:** | | Click or tap to enter a date. |
| **Sort code:** |  | **Invoice number:** | |  |
| **Account number:** |  | **Purchase Order No:** | |  |
| If you have tutored/assessed/quality assured a programme, please complete the following: | | | | |
| **Programme code** | |  | | |
| **Programme delivered** | |  | | |
| **Venue or delivery platform** | |  | | |
| **Total mileage** | |  | | |
| **Description** | | | **Amount** | |
|  | | |  | |
| **Total amount to be claimed:** | | |  | |

Please note:

Expenses can be claimed at 30p per mile

Without a valid purchase order number, your claim will not be processed.

All invoices are to be sent to [finance@sportstructures.com](mailto:finance@sportstructures.com)

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| **SPORT STRUCTURES INTERNAL USE ONLY** | | | |
| **DATE RECEIVED** | / / | **PO NO.** |  |
| **NOM. CODE** |  | **DEPARTMENT** |  |
| **ENTERED BY** |  | **AUTHORISED BY** |  |
| **PAID** | / / **BACS / CARD / CHQ** | | |