|  |  |
| --- | --- |
| Your Name (fill In personal details)  Your Address  First line, City, Postcode  Phone: Email Address: | INVOICE Invoice #(insert number)  Date: (Insert Date) |
| To: Student’s Union UCL 25 Gordon Street London WC1H 0AY | Bank Details: (fill in details of the account you want to be paid in to)Bank Name:Account Code: Sort Code: |

| Description (including date/location of work) | HOURS | RATE | TOTAL |
| --- | --- | --- | --- |
| Enter description 1 | Hours | Rate | Amount |
| Enter description 2 | Hours | Rate | Amount |
| Enter description 3 | Hours | Rate | Amount |
| Enter description 4 | Hours | Rate | Amount |
| Enter description 5 | Hours | Rate | Amount |
| Enter description 6 | Hours | Rate | Amount |
| Enter description 7 | Hours | Rate | Amount |
| Enter description 8 | Hours | Rate | Amount |
| Enter description 9 | Hours | Rate | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| TOTAL | Amount |

#### I am self-employed and I am responsible for any tax or National Insurance liability.