Invoice	CE Invoice No:			Dat	Date				
NAME				CLI	ENT NA	ME			
ADDRESS				(as	(as Nominated Person for				
TEL NO:				ME	MBER N	NO:			
Service Provi	ided								
	D-1-		A			D. I.			
	Date	Hours worked	Amount			Date	Hours worked	Amount	
Mon –		hrs		Mo				s £	
Tue		hrs		Tue				s £	
Wed		hrs		We				s £	
Thu		hrs	£	Thu	ı		hr	s £	
Fri		hrs	£	Fri			hr	s £	
Sat		hrs	£	Sat			hr	s £	
Sun		hrs	£	Sur	1		hr	s £	
	TOTAL for week £					TOTAL for week £			
	Date	Hours worked	Amount			Date	Hours worked	Amount	
Mon		hrs	£	Мо	n		hr	s £	
Tue		hrs	£	Tue	<u> </u>		hr	s £	
Wed		hrs	£	We	d		hr	s £	
Thu		hrs	£	Thu	ı		hr	s £	
Fri		hrs	£	Fri			hrs	s £	
Sat		hrs	£	Sat			hr	s £	
Sun		hrs	£	Sur	1		hr	s £	
	TOTAL for	r week	£			TOTAL for v	veek	£	
Hourly Rate of Pay =						OTAL:	£		
Half Hour Ra	ate of Pay =			<u></u>					
	•								
Bank Name				Acc	ount na	ame			
				7 🗀		<u> </u>			
Sort Code				Δια	ount N	umher			
Joir code				7	ount iv	uniber			
Signed				Clic	nts Sigr	nature			
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EMAIL COMPLETED SHEET TO: directpayments@justcreditunion.org Tel 01743 252325