|  |  |  |
| --- | --- | --- |
| WEX INVOICE |  | **Your Name**  Your Address |
| **DATE**  Date |  |  |
| INVOICE TO  Summer Adventure Camp |  |  |

| **Quantity** | **Description** | **Unit Price** | **Total** |
| --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| x days | Travel expenses and training budget while at work experience at Summer Adventure Camp. | £xx per day | £xxx |
|  |  |  |  |

|  |  |
| --- | --- |
| Total | **£xxx** |

Please pay

Name on your Bank Account: your name

Sort Code: 000000

Account Number: 00000000