**Expert Claims INVOICE**

|  |  |
| --- | --- |
| INVOICE FROM:  | insert name  |
| date OF INVOICE: | insert date |
| for PERIOD/Fund:  | insert ROUND NUMBER, YEAR AND RELEVANT FUND |
| Project reference:  | P/WOR/Defra/BCF (l22-07) |
| invoice to: | NIRAS GROUP UKNiras Group UK, Pentlands Science Park, Bush Loan, Penicuik, EH26 0PL, United Kingdom |

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| Payment/ bank details: |  |
| Account name: | Please complete details here for where the payment should be made |
| Account number |  |
| Bank name: |  |
| Bank address: |  |
| SWIFT/sort code:  |  |
| Your telephone number: |  |

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| --- | --- | --- | --- |
| Description of work undertaken/expenses requested (add lines as necessary) | Rate\* or Actual cost | Number of days/units | Amount |
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|  |  |  |  |
| Total  |  |  |  |  |

\*expert rate is £350 per day; Chairs is £400 per day