Invoice Template

*INSTRUCTIONS: This is an optional invoice. If you choose to provide your own invoice, please make sure that it contains the same elements as this template. The invoice should be completed and signed only by the Consultant who performed the services. Stryker can only pay for services that are requested under your consulting agreement with Stryker.*

*In the “Detailed Description” field, please provide explicit detail regarding the specific tasks performed and the purpose of such tasks. If these Instructions are not followed, Stryker will not be able to make payment for the services. It is advised to use this template for swift payment.*

|  |  |
| --- | --- |
| INVOICE TO: | Stryker UK LTDStryker House, Hambridge RoadRG15 4AW Newbury, BerkshireUK |
| Stryker VAT No:  | GB 123 338 734 |
| Invoice date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of services performed** | **Detailed description** | **Time****category:****Prep/Travel/****Event** | **Hourly fee** | **No of hours** | **Total excl. VAT** | **VAT % (\*1)** | **Total incl. taxes** |
| **GBP** |  | **GBP (\*2)** |
|   |   |  |  Insert |   |   | 20% |  |
|   |   |  |   |   |   | 20% |  |
|   |   |  |   |   |   | 20% |   |
|   |   |  |   |   |   | 20% |   |
|   |   |  |   |   |   | 20% |   |
|   |   |  |   |   |   | 20% |   |
| Consultant name: | Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Total excl. VAT GBP** |  | **Total incl. VAT GBP (\*2)** |  |
| Company name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| (if applicable) |  |  |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Name of Bank | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | IBAN number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| VAT NO: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | BIC  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (\*1) VAT rate of domestic country if applicable(\*2) If applicable | Term of payment: 45 days |

My signature below certifies that I completed this invoice and the foregoing accurately reflects the Services and associated time that I have spent in performing services detailed in my Consulting Agreement signed on \_\_\_\_\_\_\_\_\_\_\_\_ with Stryker.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_