



INVOICE

Old Central Garage
 High Street, Bryngwran
 Holyhead
 Anglesey
 LL65 3PP

Invoice No.	ON36824
Account Number	WILL1406
Invoice Date	10-12-2024
Cust. Reference	10041730

Tel: 01407 720333 / 0800 43 55 49
 Email: info@lloydsblinds.co.uk
 Website: www.lloydsblinds.co.uk
 VAT No: 753594110

Invoice To	Stacy Williams Bethesda Dental Bethesda
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Deliver To	Stacy Williams Bethesda Dental Bethesda
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Location	Product	Description	Qty	Net	Total
.	Roller Blind	Room: ., clinic 1 R, Recess, 38.75 inch, 66 inch, Fabric: Unilux, Colours: Grey, Group A, White PVC, Right	1	66.67	66.67
.	Roller Blind	Room: ., clinic 1 L, Recess, 38.75 inch, 66 inch, Fabric: Unilux, Colours: Grey, Group A, White PVC, Right	1	66.67	66.67
.	Roller Blind	Room: ., decon, Recess, 38.37 inch, 66 inch, Fabric: Unilux, Colours: Grey, Group A, White PVC, Right	1	66.67	66.67
.	Roller Blind	Room: ., clinic 2, Recess, 38.37 inch, 66 inch, Fabric: Unilux, Colours: Grey, Group A, White PVC, Right	1	66.67	66.67

Customer Message

Subtotal:	£ 266.68
VAT:	£ 53.32
Total	£ 320.00
Payments:	£ 0.00
Balance:	£ 320.00

Payment by Bacs. Bank Name: HSBC, Sort Code: 40-30-14, Account Number: 11473808. Please provide quote/invoice number on all payments.