SERVICE VOUCHER

|  |  |
| --- | --- |
| Agency Voucher Scheme (AVS) account number |  |

|  |  |  |
| --- | --- | --- |
| Business name |  | |
| Invoicing address | Address: |  |
|  | |
| City: |  |
| Postcode: |  |
| Emergency contact tel. |  | |

Please provide the goods and services detailed below.

|  |  |
| --- | --- |
| Booking reference number |  |
| Tour reference number |  |
| Tour name |  |

|  |  |
| --- | --- |
| **Nature of service (e.g. group admission)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of visit** | **Adults** | **Concessions** | **Children** | **Total** |
|  |  |  |  |  |

**Please do not include coach driver and tour leader in the above figures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Print Name** | **Signature** | **Date** |
| **For supplier** |  |  |  |
| **For EH staff** |  |  |  |

Please invoice us at the above address for services provided.