

INVOICE for Disposal of Clinical Sharps Service

Contractor Name.....

Email.....

Telephone Number.....

I, the above contractor request payment of £.....* from:

- Cambridge City Council
- East Cambridgeshire District Council
- Fenland District Council
- Huntingdonshire District Council
- Peterborough City Council
- South Cambridgeshire District Council

For providing the Disposal of Clinical Sharps service at the below pharmacy premises

Pharmacy Name.....

ODS Code.....

Address.....

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During the period of/...../..... to/...../.....

Signed.....

Print Name.....

Date.....

**Payment is £600 annually (per pharmacy site) or £50 per month in the event the service was not delivered for the full year.*