Factura Para / Invoice to :	Factura de / Invoice From:	
Angels Nursing Group	Nombre/Staff Name	
Los Carasoles 27	Direccion/Address	
Zurgena		
04650 Almeria	Codigo Postal/Post Code	
CIF: B04762712	Cuenta Bancaria / Bank A/C	IBAN :
		NIE:
		Factura/Invoice No.
Hourly Rate (€) 7		Fecha de Factura / Invoice Date

Dia / Day	Comienzo / Start & Fin Turno / End Time	Horas Trabajadas / Hours Worked	Cliente / Client Name	Total (€) Horas / Hours	Desplazamiento / Travel 5€	Total	Retenciones / Retention (19%)	Total menos Retenciones / Total Net
Example	8am - 10am	**2**	**Mr Paul Jones - H/Overa**	**14**	**5**	**19**	**3.61**	**15.39**
Monday /								
Lunes								
Tuesday /								
Martes								
Wednesday /								
Miercoles								
Thurday /								
Jueves								
Friday /								
Viernes								
Saturday /								
Sabado								
Sunday /								
Domingo								
	Total Hours		**Total (Euros)**					

Please note: All personal details must be completed (Including Post code) and a sequential invoice number used for each invoice