

INVOICE

Office Use Only
PO No.....
Case No.....
Contact.....

REMOVAL OF REMAINS FOR POST MORTEM EXAMINATION

(Coroners Act (Northern Ireland) 1959)

To: Coroners Service for Northern Ireland
Northern Ireland Courts and Tribunals Service
5th Floor, Laganside House, 23-27 Oxford Street
Belfast, BT1 3LA

Invoice Number: _____

Invoice Date: _____

Supplier VAT Registration Number: _____

Funeral Director (name and address)

Name of Deceased _____

Date of Death _____

Date of Removal _____

Removal Information: _____
(e.g. from place of death to Northern Ireland Regional Forensic and return)

DETAILS OF INVOICE	£
Basic Charge £66 x _____ removals (in excess of 2 removal charges please specify in 'additional removal information' section above)	
Actual Mileage travelled _____	
Mileage Claimed _____ @ 75p per mile (in excess of the 20 miles allowed for in the basic charge)	
Waiting time: _____ Hours, by _____ man/men @ £15 per man hour (claims in excess of 3 hours waiting time must be detailed at the end of this invoice)	
Other expenses: _____ (e.g. body bag)	
NET AMOUNT CHARGED	
VAT AMOUNT @ RATE OF _____ %	
INVOICE TOTAL	

Waiting time in excess of three hours:
Detail reasons for excessive waiting time: