



INVOICE

Lagos, Nigeria
info@speechhubsservices.com

BILL TO
Ben

Invoice Date: 2025-06-08
Due Date: 2025-06-20
Invoice ID:

Description	Qty	Rate	Amount
Speech Therapy	10	N 1,000.00	N 10,000.00
Behavioural Therapy	2	N 0.00	N 0.00
Total Balance			N 10,000.00

Thank you for entrusting your child with us!

Kindly pay into the account below:

Account No: 1026772746

Account Name: Speech Hub Services

Bank Name: United Bank of Africa (UBA)