

SAMPLE INVOICE

Name:				Phone Number	
Address:					
City/Town		Prov.		Postal Code	
SIN		Date of Birth			

Service Provided			
Dates of Service			
Contract Number		Budget Code	
Description of Service			

Financial Details			
State how payment is to be calculated: See below		Total Fee for Service	
		Not to Exceed \$	
Flat Rate Expenses - (receipts NOT required)		Total Flat Rate Expenses	
		Not to Exceed \$	
Other Expenses (as described below: receipts ARE required)		Total Other Expenses	
		Not to Exceed \$	
		GST (if applicable)	
		Total Amount of Contract Not to Exceed	\$ -

Signatures			
Contractor		Date	
Authorized College Representative		Date	

Pay Period 1		
Date	Budget Code	# hours
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Pay Period Total		0

Pay Period 2		
Date	Budget Code	# hours
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
Pay Period Total		0