

Consultant/Vendor Name

Address Line 1

Address Line 2

Contact Phone# or Email

Attn:

INVOICE

Invoice # :

DATE:

CUSTOMER NAME: BC RENAL
ADDRESS: 200 - 1333 WEST BROADWAY
VANCOUVER, BC
V6H 4C1

PLEASE REMIT UPON RECEIPT

DESCRIPTION OF SERVICES RENDERED & EXPENSES

PROFESSIONAL SERVICES RENDERED FOR THE PERIOD COVERING:

| | |
|------------|--|
| START DATE | |
| END DATE | |

HOURS WORKED HOURLY RATE

NET

GST

TOTAL

If Applicable

| | | | | |
|-------------------|--|--|--|--|
| SERVICES RENDERED | | | | |
|-------------------|--|--|--|--|

DETAILS OF SERVICES

GST #

OTHER EXPENSES (PLEASE ATTACH ORIGINAL RECEIPTS):

| | DESCRIPTION / UNITS (KM) | AMT. | GST | TOTAL |
|---------------------------------|--------------------------|------|-----|-------|
| TRAVEL, MEALS, AND ACCOMODATION | | | | |
| OTHER / MISC. | | | | |
| MILEAGE (KM) | | | | |

***Mileage rates are \$0.70 / KM

GRAND TOTAL

Consultant/Vendor Name

Signature

FOR BCPRA & PHSA USE ONLY

| BU | FUND | ACCOUNT | DEPARTMENT | SITE | PROJECT | COST | GST | TOTAL |
|-----|------|---------|------------|------|---------|------|-----|-------|
| 015 | | | | 096 | | | | |
| 015 | | | | 096 | | | | |
| 015 | | | | 096 | | | | |
| 015 | | | | 096 | | | | |