

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	<input type="text"/>
END DATE	<input type="text"/>

	HOURS WORKED	HOURLY RATE	NET	GST <small>*If Applicable*</small>	TOTAL
SERVICES RENDERED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF SERVICES

GST #

OTHER EXPENSES (PLEASE ATTACH ORIGINAL RECEIPTS):

	DESCRIPTION / UNITS (KM)	AMT.	GST	TOTAL
TRAVEL, MEALS, AND ACCOMODATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER / MISC.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MILEAGE (KM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Mileage rates are \$0.72 / KM

<input type="text"/>	<input type="text"/>	GRAND TOTAL	<input type="text"/>
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				