|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONSULTANCY/VENDOR NAME**  ADDRESS LINE1  ADDRESS LINE2  CONTACT PHONE  EMAIL | | | | INVOICE | | | | | | | **INVOICE#:** |  | |
| **DATE:** |  | |
|  | | |
|  | | | | | | | | | | | | | |
| CUSTOMER NAME BC PROVINCIAL RENAL AGENCY  ADDRESS 700-1258 BURRARD STREET  VANCOUVER, BC  V6Z 2H3 | | | | | | | | | | | | | |
| **DESCRIPTION OF SERVICES RENDERED & EXPENSES** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **PROFESSIONAL SERVICES RENDERED FOR THE PERIOD COVERING:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **START DATE** | | |  | | | | | | | | | | |
| **END DATE** | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| HOURS WORKE HOURLY RATE | | | | | | NET | | | GST | | | TOTAL | |
| **SERVICES RENDERED** | |  | | |  |  | | |  | | |  | |
| DETAILS OF SERVICES | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| **GST#** |  | | | | | |  | | | | | | |
|  |  | | | | | |  | | | | | | |
| OTHER EXPENSES (PLEASE ATTACH ORIGINAL RECIEPTS): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | DESCRIPTION/UNITS (KM) | | | | | | AMT | | GST | | | TOTAL |
| **TRAVEL,MEALS** | |  | | | | | |  | |  | | |  |
| **OTHER/MSC** | |  | | | | | |  | |  | | |  |
| **MILEAGE(KM)** | |  | | | | | |  | |  | | |  |
|  | | \*\*\*MILEAGE RATES ARE $0.52/KM | | | | | |  | | | | | |

|  |  |
| --- | --- |
|  |  |
| CONSULTATN/VENDOR NAME | SIGNATURE |

|  |  |
| --- | --- |
| **GRAND TOTAL** |  |