|  |  |  |  |
| --- | --- | --- | --- |
| **CONSULTANCY/VENDOR NAME**ADDRESS LINE1ADDRESS LINE2CONTACT PHONEEMAIL | 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** |  |