***INVOICE***

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSULTANT/ VENDOR NAME**ADDRESS LINE 1ADDRESS LINE 2CONTRACT PHONE # OR EMAILATTN: |  | INVOICE #: |  |
| DATE: |  |

|  |  |
| --- | --- |
| CUSTOMER NAME: | BC PROVINCIAL RENAL AGENCY |
| ADDRESS: | 700-13800 BURRARD STREETVANCOUVER, BCV6Z 2H3 |

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| --- |
| DESCRIPTION OF SERVICES RENDERED & EXPENSES |

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| --- |
| PROFESSIONAL SERVICES RENDERED FOR THE PERIOD COVERING: |

|  |  |
| --- | --- |
| START DATE |  |
| END DATE |  |
|  | UR |
|  | LY |
|  | HOURS WORKED  | RA |  | NET | IS | TOTAL |
| SERVICES RENDERED |  |  |  |  |  |  |

|  |
| --- |
| DETAILS OF SERVICES |
|  |

|  |  |
| --- | --- |
| **GST #** |  |