***INVOICE***

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

|  |  |
| --- | --- |
| CUSTOMER NAME: | BC PROVINCIAL RENAL AGENCY |
| ADDRESS: | 700-13800 BURRARD STREET  VANCOUVER, BC  V6Z 2H3 |

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

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