ADDRESS LINE 1

|  |  |
| --- | --- |
| INVOICE NO: |  |
| DATE: |  |

ADDRESS LINE 2

CONTRACT PHONE# OR EMAIL

ATTN:

CUSTOMER NAME: BC PROVINCIAL RENAL AGENCY

**PLEASE REMIT UPON RECEIPT**

ADDRESS: 700 -1380 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,AND | | |  | | | |  | | |  | |  |
| OTHER / MISC | | |  | | | |  | | |  | |  |
| MILEAGE (KM) | | |  | | | |  | | |  | |  |
| \*\*\*MILEAGE RETES ARE$0.52/KM | | | |
|  | | | |
|  | | | | |  |  | | --- | --- | | GRAND TOTAL |  | | | | |
| CONSULTANT / VENDOR NAME | | | | SIGNATURE | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR BCPRA & PHSA USE ONLY | | | | | | | | |
| BU | FUND | ACCOUNT | DEPARTMENT | SITE | PROJECT | COST | GST | TOTAL |
| 015 |  |  |  | 099 |  |  |  |  |
| 015 |  |  |  | 099 |  |  |  |  |
| 015 |  |  |  | 099 |  |  |  |  |
| 015 |  |  |  | 099 |  |  |  |  |

**THANK YOU FOR HAVING YOUR BUSINESS**