# CONTRACTOR'S INVOICE

**FROM: Contractor** ☐ **SSAH** ☐ **SNW** ☐ **OTHER**

Cheque Payable to: _____

Address: _____

City: _____

Postal Code: _____

Coordinator: _____

**INVOICE TO:**

Community Living St. Catharines
437 Welland Avenue
St. Catharines, Ontario
L2M 5V2
Telephone: 905-984-5524 FAX: 905-688-9228

| WEEK ONE - SUNDAY TO SATURDAY | | | |
|---|---|---|---|
| **DATE** | **HOURS** | **RATE OF PAY** | **TOTAL** |
| | | | **$** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **SUB TOTAL A** | **$** |

| WEEK TWO - SUNDAY TO SATURDAY | | | |
|---|---|---|---|
| **DATE** | **HOURS** | **RATE OF PAY** | **TOTAL** |
| | | | **$** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **SUB TOTAL B** | **$** |

**GRAND TOTAL → →**
**(Add Sub Total A & B)** **$**

**GST#** _____ *(if applicable)*

Invoice submitted to cover the cost of services provided with the agreed funding allotment.

Family Member Receiving Support: _____ RB# _____

_____ _____
Signature of Contractor Date

_____ _____
**AUTHORIZING SIGNATURE (PARENT/GUARDIAN)** Date

**Forward in Mail** **Direct Deposit**

OFFICE USE ONLY

Vendor Code: _____

Charge to:

_____ $ _____

_____ $ _____

**Total** $ _____

Approved: _____

Date: _____