

**INVOICE FOR CONTRACT STAFF**

Name: \_\_\_\_\_

**FOR THE MONTH OF:**

\_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

Initials:	Client #1	Client #2	Initials:	Client #1	Client #2
<b>Day of Month</b>	Authorized Hrs Worked with Client <b>Please note .5 or 1 Day</b>		<b>Day of Month</b>	Authorized Hrs Worked with Client <b>Please note .5 or 1 Day</b>	
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

**Additional Comments**

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**Contract Staff Confirmation:**

This is to confirm I have provided the agreed upon care as per the dates noted above. I understand payment will be made to me according to the outlined schedule, and that falsification of this invoice will lead me subject to termination of my contract and possible legal procedures.

Signature: \_\_\_\_\_

**INVOICE INFORMATION:**

1 Cheque run is processed each month

Date Paid \* \_\_\_\_\_ For Invoices Covering Periods \_\_\_\_\_  
Last day of month Up to last day of month

Invoices **MUST** be submitted 4 business days prior to end of each month. Should an adjustment be necessary, it will be made on the next cheque. \*If payment date occurs on a non-business day, the payment date will normally be the business date prior to this date.