**INVOICE**

Invoice # \*\*\*: (Note: Last Invoice was \*\*\*)

Date: \*\*\*

**Corporation name:** \*\*\*

**Individual Payee if not incorporated** (please confirm/provide direct deposit banking information. A T4A slip will be received at the end of the calendar year):

Position: EMERGENCY PHYSICIAN

Hospital: ST. JOSEPH’S HEALTH CENTRE, 30 THE QUEENSWAY, TORONTO, ON, CAN, M6R 1B5

Address: \*\*\* (Address you would like your cheque mailed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Services Provided** | **Date** | **No. of Hours** | **Amount** |
| \*\*\* e.g. Wound Seminar (9am – 12pm) | Tues Nov 28, 2023 | 3 | 300 |
| \*\*\* e.g. Casting Seminar (9am – 12pm) | Tues June 18, 2024 | 3 | 300 |
| HST amount and # (if applicable) |  |  |  |
| TOTAL |  |  | 600 |

**I acknowledge that I hold a CCFP or RCPSC designation; I do not receive funding from an AFP or APP.**

Insert Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Payee

Att: Small traders form (for HST details or exemption)

Bank Authorization form (to be paid through direct deposit)