

INDEPENDENT CONTRACTOR INVOICE

Teacher / Service provider information

Name:	Invoice Date
Address:	Invoice No.
City:	
Province:	Postal Code:
Phone:	Email:

INVOICE

CUSTOMER NAME & ADDRESS

MEADOWVALE ISLAMIC CENTRE INC
 6508 WINSTON CHURCHILL BLVD.,
 MISSISSAUGA, ON L5N 3W4

Billing Month:

Attention: **FINANCE COMMITTEE**

DESCRIPTION	STD	RATE	UNIT	QTY	AMOUNT

HST Registration #	SIN #	Sub-Total	

Remarks:	Total	
	HST 13%	
	Grand Total	

CERTIFICATION

This is to certify that I have performed the above services and payment is due to me. I am Independent Contractor and file my own Income Tax Return to CRA and pay my taxes.

SIGNATURE: _____