

INDEPENDENT CONTRACTOR INVOICE

TEACHER/SERVICE PROVIDER INFO	
NAME:	INVOICE NO:
ADDRESS:	INVOICE DATE:
CITY:	
PROVINCE: ONTARIO	POSTAL CODE:
TEL:	E-MAIL

INVOICE

THIS FORM WHEN COMPLETED IS CONFIDENTIAL FOR FINANCE COMMITTEE USE ONLY

CUSTOMER NAME & ADDRESS

MEADOWVALE ISLAMIC CENTRE 6508 Winston Churchill Blvd. Mississauga, ON L5N 2W4	BILLING MONTH: _____ ATTN: FINANCE COMMITTEE CONTACT: _____
--------------------------------------------------------------------------------------	-------------------------------------------------------------------

WWW.MICI.ORG

E-MAIL INFO@MICI.ORG

DESCRIPTION	STD	RATE	UNIT	QTY	AMOUNT
HOLY QURAN TEACHING SERVICES					

GST REGISTRATION No.	SIN #	SUB-TOTAL	

REMARKS: No payment without an original invoice. PAYMENT DUE ON LAST DAY OF MONTH	TOTAL GST 5% PST 8% GRAND TOTAL
------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

CERTIFICATION

THIS IS TO CERTIFY THAT I HAVE PERFORMED THE ABOVE SERVICES AND PAYMENT IS DUE TO ME.

SIGNATURE: _____