

Project Invoice Form

Date: _____

Chapter: _____

To (Client Name): _____

Client Address: _____

City: _____ Province / State: _____ Postal / Zip Code: _____

Client Number: _____ Project Number: _____

List of materials:	Cost:	GST:
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Travel costs:

_____ kilometers at .43 cents/km \$ _____ \$ _____

Other:

_____ \$ _____ \$ _____

Total cost and GST: \$ _____ + \$ _____ = \$ _____

Total Cost Payable (total cost and total GST): \$ _____

Volunteer Name: _____

Address: _____