

**Don't Forget to
Send your Invoices
to..**



Invoices@clch.ca

**Community Participation Supports
PASSPORT/FOUNDATIONS INVOICE**

Contract Worker Name: _____

Month of: _____

Participant Name: _____

								Hours	Kilometres (if applicable)
Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Kms:									
Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Kms:									
Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Kms:									
Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Kms:									
Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Kms:									
Total Hours of Service and Kilometres:									

SERVICE HOURS: \$	per hour x	hours =	\$
Eligible KILOMETRES: \$	per km. x	kms. =	\$
TOTAL EXPENSES (eligible receipts provided i.e. no debit slips):			\$
Total Due:			\$

APPROVAL FOR PAYMENT **Contract Worker Signature:** _____

Participant Signature: _____

Date: _____