

Pay to

Invoice

Name: _____

Address: _____

Email: _____

Date _____

Invoice # _____

Bill to:

Food Skills fo Families - BC Centre for Disease Control
 Provincial Health Services Authority
 655 West 12th Ave
 Vancouver, BC, V5Z 4R4

Host Organization	
Community Facilitator	
Phase	Program ID
_____	_____

**Invoices will be paid by Provincial Health Services Authority. NET 30 upon date of Complete Files Received.*

Date	Description	Subtotal	PST	GST	Total
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Subtotals		\$	\$	\$	\$

Mileage (Mileage Rate: @ 0.68/km). Address of locations must be included.

From: _____

To: _____

Calculation: _____

BCCDC Use Only

Complete Files Received On: _____

Total	\$
Covered by Gift Cards	\$
Total Due for Payment	\$

Coding	Account Breakdown		
Bussiness Unit	00040	4505000 (Expenses)	
Fund	01	6231200 (Mileage)	
Account(s)	See right	6505010 (Fee)	
Department	75521200	6101000 (Postage)	
Site	135		
Project	E0Z00051		

Approval

Samantha Adamson, Operations Coordinator
 Population and Public Health Provincial
 Health Services Authority

Date

**Questions regarding invoice can be directed to foodskillsbc@bccdc.ca*