

SAMPLE INVOICE

DATE: _____

To: University of Prince Edward Island

[Department representative]
c/o { name of faculty or department }
550 University Avenue
Charlottetown, PE
C1A 4P3

Reference : *University PO # {insert}*

Services Performed: _____

Date Ranges: _____

X hours @ XX.xx/hour =

\$XXX.xx

**NAME
ADDRESS**

Please make cheque payable to:

HST Number of Company: _____
(If applicable)