

INVOICE

Invoice Type: Draft invoice Proper invoice **Department:**

BILL TO: **REMIT TO:**

Owner: The Corporation of the City of Vaughan Vendor: _____

Street Address: 2141 Major Mackenzie Dr.
Vaughan, ON, L6A 1T1 Vendor ID #: _____
Street Address: _____

Project Manager: _____ Vendor Contact: _____
Vendor Contact Title: _____

Tel. _____ Tel. _____
Email. _____ Email. _____

Contract # _____ Invoice Date: _____

P.O. # _____ Invoice #: _____

Project Name: _____ HST Reg. #: _____

Project Start Date: _____

Project End Date: _____

Progress Payment #: _____

Item	Contact Price	Progress to Date		Previous Billing	Current Billing
		%	\$		
A	B	C = (D/B)	D	E	F = (D-E)
Base Contract					
Allowances					
Approved Change Orders (Non-Allowance)					
Gross Amount					
Less: Statutory Lien Holdback (10%)					
Less: Finishing Holdback (10%)					
Less: Warranty Security (2%)					
Net Amount					
H.S.T. 13%					
Less other taxes					
Total Amount Due					

Vendor Representative Name: _____ Signature: _____

Title: _____ Date: _____

Additional information to be attached:

Invoice with a description, including quantity where appropriate, of the services and/or materials that were supplied

Project Schedule

Statement based on schedule of values

Statutory Declaration

WSIB Clearance Certificates

Drawings

Supporting invoices and timesheets from subtrades

Other

For internal use only

_____ CG

_____ FPDF

_____ FS

_____ CG