



# INVOICE

Unemployed Help Centre of Windsor Inc.  
 6955 Cantelon Drive  
 Windsor, ON N8T 3J9  
 Phone: (519) 944-4900  
 Fax: (519) 944-9184  
 www.uhc.ca

## TIPA Job Trial Invoice

ATTENTION: FINANCE

RETURN BY MAIL ONLY

### CLIENT INFORMATION (PRINT)

LAST NAME:
FIRST NAME:
START DATE:
END DATE:
Case Worker:

### EMPLOYER INFORMATION (PRINT)

EMPLOYER:
NAME:
FINANCE CONTACT:
ADDRESS:
, ON POSTAL CODE:
PHONE #: FAX #:
EMAIL:

SUBSIDY RATE: \$ \_\_\_\_\_

RATE OF PAY: \$ \_\_\_\_\_

<b>1 - 4 Weeks</b>	<i>Placement ending in March will be due within the first week thereafter</i>			
Week Starting Enter date as <b>MM/DD</b>	WK 1 <u>MM / DD</u>	WK 2 <u>MM / DD</u>	WK 3 <u>MM / DD</u>	WK 4 <u>MM / DD</u>
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
<b>Hours Worked</b>				
<b>Subsidized Hours</b>				
<b>STATUTORY HOLIDAYS</b>	<b>Subsidized Hours</b>			

Please attach verification of Statutory payment - copy of cheque or payroll information	# of Hours	NOTES
New Year's Day	<input type="checkbox"/>	
Good Friday	<input type="checkbox"/>	
Victoria Day	<input type="checkbox"/>	
Canada Day	<input type="checkbox"/>	
Labour Day	<input type="checkbox"/>	
Thanksgiving Day	<input type="checkbox"/>	
Christmas Day	<input type="checkbox"/>	
Boxing Day	<input type="checkbox"/>	

The signatories hereby attest that they have been paid in full at the hourly rates invoiced.

TRAINEE SIGNATURE: \_\_\_\_\_

SUPERVISOR NAME (PRINT): \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

Total Subsidized Hours

Note: Form must be filled out in ink only.