

Independent Self Employed – Contract Position Invoice

SUPPORTER'S NAME: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

(Full address with postal code)

TELEPHONE #: _____ Please Indicate if this is a new address

SUPPORT SERVICES PROVIDED FOR: _____ Funding Source: _____
(Name of individual)

INVOICE PERIOD: From Sunday _____ to Saturday _____
(Month, day, year) (Month, day, year)

Week 1	Date	Time: From-To	# Hours	O/N	Week 2	Date	Time: From-To	# Hours	O/N
Sun	_____	_____	_____	_____	Sun	_____	_____	_____	_____
Mon	_____	_____	_____	_____	Mon	_____	_____	_____	_____
Tue	_____	_____	_____	_____	Tue	_____	_____	_____	_____
Wed	_____	_____	_____	_____	Wed	_____	_____	_____	_____
Thu	_____	_____	_____	_____	Thu	_____	_____	_____	_____
Fri	_____	_____	_____	_____	Fri	_____	_____	_____	_____
Sat	_____	_____	_____	_____	Sat	_____	_____	_____	_____

TOTAL # of HOURS for 2 WEEK PERIOD (a) _____

X RATE OF PAY PER HOUR: (b) X _____

TOTAL AMOUNT OF INVOICE: (c) = (a x b) _____

OVERNIGHTS _____ X \$ _____ = (d) _____
(as indicated above)

PER DIEM _____ X \$ _____ = (e) _____

GRAND TOTAL TO BE PAID = (c + d + e) _____

Supporter's Signature: _____

I understand payment will be made by direct deposit into my bank account as submitted to D.A.F.R.S. (on behalf of the individual supported). I understand I am accepting these earnings as self employed income and as such understand my responsibilities for declaring income to Revenue Canada and making legislated deductions and remittances.

Authorized Signature: _____ Name: _____
(Family Member or Designate)

I authorize DFR to redirect the funds as indicated above from me to the support worker indicated on this invoice directly and to deposit those funds to the account designated by the support worker.

Please note that invoices **must** be completed in full, in order for payments to be processed. Invoices not received at the C.A.D. office by cutoff date **(Monday at 4:30)** will be processed in the next billing period. Payments may be delayed up to 24 hours from the scheduled deposit date if problems are encountered with the payment process.