

# 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)

GRAND TOTAL TO BE PAID = (c + d) \_\_\_\_\_

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 D.A.F.R.S. 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 DFR office by cutoff date (Monday at 4:30) will be processed in the next payment period. Payments may be delayed up to 24 hours from the scheduled deposit date if problems are encountered with the payment process.**

**Durham Association For Family Resources and Support 20-850 King St. W., Oshawa, ON, L1J 8N5**  
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Revised: July 1, 2022