

Invoiced to: **CASI / ACMS**
 186 Hurontario St
 Suite 201
 Collingwood, ON
 L9Y 4T4



Invoice Date: _____
 Payable to: Name: _____
 Email: _____
 Member #: _____ Eval Level: _____

COURSE DETAILS

Event/Course : _____ Course Number: _____
 Location: _____ Region / Program & Supervisor: _____ Event Start Date: _____

FEEES

| | Daily Rate | Sub Total | | |
|----------------------------|------------|-----------|----|----------|
| Rookie Fees (# of days) | \$ _____ | \$ _____ | GL | \$ _____ |
| Evaluator Fees (# of days) | \$ _____ | \$ _____ | | |
| Chief of Course? | \$ _____ | \$ _____ | | |
| Rookie Mentoring? | \$ _____ | \$ _____ | GL | \$ _____ |

TRAVEL

| Mileage | _____ km x | \$ _____ | \$ _____ | |
|--------------------------------|------------|-------------------|----------|-------------|
| DESCRIPTION | | AMOUNT | | |
| _____ | | _____ | | |
| _____ | | _____ | | |
| Flight, parking, baggage, etc. | | SUBTOTAL \$ _____ | | GL \$ _____ |

MEALS, ACCOMODATIONS & OTHER

Meals

| DATE | AMOUNT | DATE | AMOUNT | DATE | AMOUNT |
|----------|--------|------|--------|------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTAL | | | | | \$ _____ |

Accommodations

| DESCRIPTION | AMOUNT |
|-------------|--------|
| | |
| | |

GL \$ _____

Return Shipping

| DESCRIPTION | AMOUNT |
|-------------|--------|
| | |
| | |

GL \$ _____

Misc. (e.g.: Evaluator travel pay *Must be pre-approved by RC/Supervisor)

| DESCRIPTION | AMOUNT |
|-------------|--------|
| | |
| | |

GL \$ _____

TOTAL \$ _____

INDEPENDENT CONTRACTORS ONLY

| | | | |
|-----------|-------|-----------|-------|
| GST/HST # | _____ | SUB-TOTAL | _____ |
| QST # | _____ | GST/HST | _____ |
| PST # | _____ | QST/PST | _____ |
| | | TOTAL | _____ |