**SSP Invoice**

**Date: \_\_\_\_\_\_\_\_\_**

**Billing To:**

Alberta Society of the DeafBlind (ASDB)

6240 113 Street NW

Edmonton, AB T6H 3L2

Email: asdbservice@gmail.com

**Pay to the order of:** *(SSP information)*

Name:

Address:

Text/phone:

Email:

**Hourly rate: $ \_\_\_\_\_\_\_\_**

**Total hours: \_\_\_\_\_\_\_\_\_**

**Total Earnings: $ \_\_\_\_\_\_\_\_\_**

**GST: $\_\_\_\_\_\_\_**

**Grand Total: $\_\_\_\_\_\_\_\_\_**

**All invoices must be submitted with an ASDB timesheet**

**showing details of work provided.**