UNEMPLOYED HELP CENTRE

INVOICE

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

ATTENTION: FINANCE **RETURN BY MAIL ONLY**

CLIENT INFORMATION

LAST NAME:
FIRST NAME:
START DATE:
END DATE:
COUNSELLOR: VB

SUBSIDY RATE: $ _____

RATE OF PAY: $ _____

EMPLOYER INFORMATION

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

1 - 8 Weeks ***Placement ending March 31 due within the first week thereafter***

Week Starting Enter date as **M/D**	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Hours Worked								
Subsidized Hours								

STATUTORY HOLIDAYS

Subsidized Hours

Please attach verification of Statutory payment - copy of cheque or payroll information		**# of Hours**	**NOTES**
New Year's Day	q		
Family Day	q		
Good Friday	q		
Victoria Day	q		
Canada Day	q		
Labour Day	q		
Thanksgiving Day	q		
Christmas Day	q		
Boxing Day	q		

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.

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