



PLACEMENT
#1 #2 #3 #4

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

EMPLOYER INFORMATION

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

SUBSIDY RATE: \$ _____

RATE OF PAY: \$ _____

1 - 8 Weeks	<i>Placement ending March 31 due within the first week thereafter</i>			
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	<input type="checkbox"/>	
Family Day	<input type="checkbox"/>	
Good Friday	<input type="checkbox"/>	
Victoria Day	<input type="checkbox"/>	
Canada Day	<input type="checkbox"/>	
Labour Day	<input type="checkbox"/>	
Thanksgiving Day	<input type="checkbox"/>	
Christmas Day	<input type="checkbox"/>	
Boxing Day	<input type="checkbox"/>	

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.