|  |  |
| --- | --- |
| Your name  INVOICE # / 01  PO: | Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| QCBS  Department of Biology, McGill University  1205 Docteur Penfield | Montreal | H3A 1B1  Quebec CANADA. | **BALANCE DUE**  $Amount |

|  |  |  |  |
| --- | --- | --- | --- |
| Item / Item Description | Hours | Unit Cost | Total |
| Description of your task (e.g. Lead presenter for R workshops X at University X, 2019-00-00) |  |  | $amount |
|  |  |  |  |
|  |  | TOTAL | $amount |

Date--------------------------------