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| INVOICE |  |
| Name | **INVOICE #**  Date: |
| Xxxx Main Road  Nowhere, QC H0H 0H0  Phone #(111) 111-1111  Email address | **PO#** |

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| To | Mrs./Mr. xxxx  McGill University |  |

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| Serial# | description | unit/Hour | total |
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|  | | Subtotal |  |
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