



RivInt Interpretation and Translation Services

Managed by the Elspeth Heyworth Centre for Women

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Invoice

To be sent in between 1st and 5th of the following month

Interpreter: _____

HST # _____ **

For the month of _____ year _____

DATE	REQUEST NUMBER	LOCATION	TYPE	LANGUAGE	START	FINISH	TOTAL HOURS	RATE	AMOUNT
Total Amount									

****Please note, in case your Banking information for Direct deposit has been changed you must notify RivInt as soon as possible to receive your payment without any issues.**