Bill To:

**INVOICE** 

TEKSTAFF IT SOLUTIONS INC. 30 Via Renzo Drive, Suite 200 Richmond Hill, ON L4S 0B8 Phone 416-438-1099 Fax 1-866-496-9031

Email: timesheet@tekstaff.ca INVOICE #

Address:

**Contractor Name** 

DATE:

Client

DESCRIPTION	HOURS	RATE	AMOUNT
Period Ending			\$ -
Period Ending			\$ -
Period Ending			\$ -
			_
	•	TOTAL	\$ -

**THANK YOU FOR YOUR BUSINESS!**