

**AVENUES**  
**FAMILY SERVICES WINDSOR – ESSEX**  
**1770 LANGLOIS AVE.**  
**WINDSOR, ONTARIO N8X 4M5**

<b>INVOICES to be sent to: Family Services Windsor-Essex</b> <b>1770 Langlois Ave., Windsor Ontario N8X 4M5</b> <b>Telephone: 519-966-5010</b> <b>Fax: 519-256-5258 e mail: ap@fswe.ca</b>	
<b>Payment to be made to:</b> <b>Name:</b>  <b>Address:</b>  <b>Phone:</b>	<b>In Respect of:</b> <b>Name:</b>  <b>Phone:</b>
<b>Account #:</b>	
<b>Total of Invoice: (Section I plus Section II)</b>	
<b>Pay Period:</b>	
<b>From:</b>	<b>To:</b>
<b>Comments:</b>	
<b>Signature of Person completing invoice:</b>	<b>Date:</b>

**Invoices should reach our office no later than Monday – 9:00 a.m. in order that payments can be deposited Friday at 12:00 a.m.**

**ACCOUNTING OFFICE USE ONLY:**

**Payment Processed for: AVENUES**

DATE OF INVOICE	INVOICE NO.	AMOUNT
<b>Date Payment Processed:</b>		<b>CONFIRMATION #</b>

# PROOF OF DELIVERY

## SECTION I - INDEPENDENT CONTRACTOR FEES

SUPPORT PROVIDED FOR: \_\_\_\_\_

DATES	# HRS	# DAYS	RATE	PMT	AUTHORIZED SIGNATURE	WORKER'S SIGNATURE
TOTAL HRS		TOTAL DAYS		TOTAL		

## SECTION II

- OTHER EXPENSES:

CATEGORY	DESCRIPTION	AUTHORIZED SIGNATURE	COST

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**Administration:**      **Signature:** \_\_\_\_\_  
**Account #** \_\_\_\_\_      **Invoice #** \_\_\_\_\_