

**SAMPLE  
INVOICE  
FORMAT**

**Agency Name**

**Name:**  
Address:

INVOICE #	DATE

**BILL TO**

Calgary Homeless Foundation  
308 - 925 7th Avenue SW  
Calgary, Alberta  
T2P 1A5  
403-718-7740  
[accountspayable@calgaryhomeless.com](mailto:accountspayable@calgaryhomeless.com)

**SHIP TO**

DESCRIPTION		AMOUNT
<b>HMIS Family ID:</b>		
<b>Case Management Costs</b>		
Case Management Hours@ Fixed Rate \$40/hour		
Total Case Management		
<b>Other Costs</b>		
Client Costs @ fixed rate of \$715		
Move-in and Setup Costs		
Damage Deposit		
<b>Total for Family ##</b>		
<b>TOTAL</b>		