



BCEA SELF EMPLOYMENT PROGRAM INVOICE SUMMARY

NAME OF SERVICE PROVIDER		CONTACT NAME		TELEPHONE NUMBER
EPPD CONTRACT MANAGER		CONTRACT NUMBER		REGION
INVOICE DATE (YYYY MMM DD)	INVOICE PERIOD START DATE (YYYY MMM DD)	INVOICE PERIOD END DATE (YYYY MMM DD)	INVOICE NUMBER	

CLIENT NAME	CLIENT NUMBER	GOODS AND SERVICE DELIVERED	TOTAL COST
1		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
2		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
3		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
4		<input checked="" type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input checked="" type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
5		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input checked="" type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
6		<input checked="" type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input checked="" type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input checked="" type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
7		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
8		<input type="checkbox"/> ORIENTATION \$ _____	\$0.00
		<input type="checkbox"/> PERIODIC REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> MONTHLY REVIEWS X _____ = \$ 0.00	
		<input type="checkbox"/> QUARTLEY REVIEWS X _____ = \$ 0.00	
SUMMARY TOTAL			\$0.00

APPROVED BY

SERVICE PROVIDER SIGNING AUTHORITY NAME		SIGNATURE
TITLE	TELEPHONE NUMBER	E-MAIL ADDRESS