Canada Pension Plan Disability Vocational Rehabilitation Program
REQUIRED CONTENT – General Invoice Template

Invoice Number:	Invoice Date:	Original or Revised:

Payment Information

(please ensure that you have completed your Direct Deposit Information)

Service Provider Name:	Service Provider Branch Address:
Service Provider VR Consultant:	Telephone Number:
Service Canada VR Case Manager:	Total Invoiced to Date:

Client Information

Client Name:	Client Identifier:
Requisition Number:	Current VR Program Phase (*choose an item*):

Section A: Service Information

(For example: VR consultant service time, travel time, reports)

Date of Service (YYYY-MM-DD)	Rehab Phase	Description	Number of hours/ Quantity	Cost per hour/ Fee-for-service price	Subtotal (not including taxes)	GST (if charged)	HST (if charged)	Total
							Subtotal	
							Taxes	
							Total (including taxes)	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

Section B: Disbursement(s) Information (at cost, no mark-up)

(For example: training, books, adaptive equipment)

Date of Service (YYYY-MM-DD)	**Description**	**Total** (including taxes – if applicable)
	Total	

Section C: Summary

Services Information – Subtotal	
Disbursement(s) Information - Total	
Total	

Additional Information

Taxes on Service Information	
Section C Total + Taxes on Services Information	