

INVOICE

Brawn Personnel
37 Fieldview DR Brampton ON L6P 2X9
(647)785-2141
info@brawnpersonnel.com



Full Name

Business Name

HST

Phone Number

Date Of Invoice Submission

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7

Date Time In Time Out Total Hours Pay Per Hours Day Total

Date Time In Time Out Total Hours Pay Per Hours Day Total

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Total Hours Sub Total

Hst Amount

Total Pay