INDEPENDENT CONTRACTOR RECEIPT

Teacher / Service provider information

Name:	**RECEIPT Date**
Address:	**RECEIPT No.**
City:	
Province:	**Postal Code:**
Phone:	**Email:**

RECEIPT

CUSTOMER NAME & ADDRESS

MEADOWVALE ISLAMIC CENTRE INC 6508 WINSTON CHURCHILL BLVD., MISSISSAUGA, ON L5N 3W4	Billing Month: Attention: **FINANCE COMMITTEE**

DESCRIPTION	STD	RATE	UNIT	QTY	AMOUNT
HST Registration #	**SIN #**		**Sub-Total**		
Remarks:			**Total**		
			HST 13%		
			Grand Total		

CERTIFICATION

This is to certify that I have performed the above services and payment is due to me. I am Independent Contractor and file my own Income Tax Return to CRA and pay my taxes.

SIGNATURE: