**INVOICE**

**<Insert physician name(s), office/clinic logo, other contact information and date>**

|  |
| --- |
| **BILL TO** |
| Name |
| Company/Organization |
| Street Address |
| City, Province, Postal Code |
| Phone Number and Email Address |

|  |  |
| --- | --- |
| **INVOICE #** | **DATE** |
|  |  |

|  |
| --- |
| **MEETING/ACTIVITY INFORMATION** |
| Description |
| Date(s) |
| Location |
| Role |

Refer to “Honorarium Basic Rates” for my personal, professional rates. Time is calculated on an hourly rate rounded to the nearest half hour. All expenses are billed at cost.

|  |  |  |  |
| --- | --- | --- | --- |
| **HONORARIUM TYPE** | **DURATION** | **RATE** | **FEE** |
| Meeting |  |  |  |
| Teleconference |  |  |  |
| Travel time |  |  |  |
| Other |  |  |  |
| **EXPENSES** | | |  |
| Air / Bus / Train / Flight | | |  |
| Automobile | # kms | @ 0.48/km |  |
| Parking | | |  |
| Taxi | | |  |
| Hotel | | |  |
| Meals | | |  |
| Other | | |  |
| **TOTAL DUE** | | | **$** |

**<Insert applicable payment terms (e.g. in full within # of days of invoice date)>**

|  |  |
| --- | --- |
| **HONORARIUM BASIC RATES** | **HOURLY RATE** |
| Meetings (attended in person) |  |
| Teleconference |  |
| Travel |  |