

FROM:
(Name/Address)

INVOICE

INVOICE #:

DATE:

FOR [Season:]

TO
Teen Badminton Club
c/o Nick Sinoyannis
124 Creswell Drive
Beaconsfield, QC. H9W 1E4
Phone 514-887-6499 | dg@teenbadmintonclub.ca

Description (Week# / Date of work / Activity e.g. coaching, tournament, etc)	Amount(\$)
1. Week #1	
2. Week #2	
3. Week #3	
4. Week #4	
5. Week #5	
6. Week #6	
7. Week #7	
8. Week #8	
9. Week #9	
10. Week#10	
11. Week#11	
12. Week#12	
Total	