

# INVOICE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A-LINE GREETING CARDS

43 Maple Valley Road

Timco Industrial Mall

Corner Brook, NL A2H 6T3

WEEK #: \_\_\_\_\_

Fax #: 1-800-771-7633 OR email to  
[Fieldoperations@alinegreetings.com](mailto:Fieldoperations@alinegreetings.com)

STORE HOURS	# OF MINUTES	# OF HOURS	HOURLY RATE	PAYABLE
(only include time spent in store)				
TO OBTAIN # OF HOURS DIVIDE # OF MINUTES BY 60			TOTAL HOURS	

EXPENSES	TYPE OF EXPENSE	# ( I.E:# OF KMS/MILES)	RATE	PAYABLE
KMS/MILES, OTHER (if applicable)				
Kms should be entered as 1 total, not broken out by day, town etc.			TOTAL EXPENSES	

Grand Total Payable	
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*This invoice must be submitted along with a copy of a completed routing sheet for payroll purposes with the exception of training hours,(We consider training hours to be your first week of work)which can be submitted by invoice only.*

**PLEASE NOTE:** THIS IS A SUMMARY SHEET **ONLY**, DO NOT LIST ALL CALLS ON INVOICE

ADDITIONAL NOTES: \_\_\_\_\_  
\_\_\_\_\_

Any questions regarding this form please contact your supervisor or the Field Operations depart.

**\*\*FAX WEEKLY \*\* NO LATER THEN SUNDAY EVENING\*\***

**Any paperwork received after Monday of pay week may  
not make the deadline for entry.**