

INVOICE

Name: Healthy Care Pharmacy
Address: 123 Pharmacy Lane, Toronto, Ontario, M4C 123

Date: 1-Sep-24

Cheque payable to: Healthy Care Pharmacy

Bill To:
Ontario Pharmacists' Association
155 University Ave, Suite 600
Toronto, ON M5H 3B7

DESCRIPTION	AMOUNT	HST	TOTAL
OPMPP Initial Consult Participant 1455-1	75.00		75.00
OPMPP Follow-up #1 Participant 1455-1	25.00		25.00
OPMPP Initial Consult Participant 1455-2	75.00		75.00
OPMPP Follow-up #1 Participant 1455-2	25.00		25.00
OPMPP Follow-up #2 Participant 1455-2	25.00		25.00
OPMPP Initial Consult Participant 1455-3	75.00		75.00
OPMPP Initial Consult Participant 1455-4	75.00		75.00
OPMPP Follow-up #1 Participant 1455-4	25.00		25.00
SAMPLE - FOR INFORMATIONAL PURPOSES ONLY			
HST # (if applicable) _____			
ORIGINAL RECEIPTS MUST BE ATTACHED FOR VALIDATION			

SUBTOTAL	400.00
SALES TAX	
TOTAL	400.00