**Clean Plants Audit Fee Invoice & Time Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client:** | **XYZ Nursery**  **Contact Person’s Name**  **Phone Number** | **Address,**  **City, Province:** | **Company Address**  **(cont’d)**  **Current CNCI Cert. #** |
| **Auditor:** | **Auditor’s name** | **Date of Audit:** | **MM/DD/YYYY** |
| **Additional Modules Audited:**  □ *P. ramorum*  □ *C. buxicola* | | | |

|  |  |  |
| --- | --- | --- |
| Below is a breakdown of the time your auditor spent on your manual review, on-site inspection and report writing. It includes travel, hotel and meal charges. Hotel and meal receipts may be obtained upon request from your auditor. Also note, the ‘Total Audit Fees’, listed below, is ***payable to Canadian Nursery Landscape Association***. | | |
| **Audits** | **Time (hours)** | **Fee ($135/hr)** |
| Manual Review & Audit Plan Development | x hour(s) | $ |
| Performance of Audit | x hour(s) | $ |
| Audit Report Writing (max 1.5 hours) | x hour(s) | $ |
| Total Audit Hours | x hour(s) | $ |
| GST/HST applicable to your Province: (AB-BC-MN-SK 5%, ON 13%) | | $ |
| Subtotal | | **$** |
| **Expenses** | **Kilometres** | **Fee** |
| Travel (AB-48.5c, BC-53c, ON-58.5c/km) | x Km | $ |
| Travel time ($25.00/hour of travel beyond the first hour in each direction) | | $ |
| Hotel (including applicable GST/HST only) | | $ |
| Meals (including applicable GST/HST only) | | $ |
| Applicable PST for hotel, meals, etc. (BC, MB, SK) | | $ |
| Subtotal | | **$** |
| ***\*See below for payment details* Total Audit Fee Payable** | | **$** |

I certify that the account of time is correct and that the time was spent conducting a Clean Plants audit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor Signature Nursery Contact Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor Name (Please Print) Nursery Contact Name (Please Print)

Please send a copy of this invoice, along with the cheque **payable to Canadian Nursery Landscape Association** to:

7856 Fifth Line South, Milton, Ontario, L9T 2X8; call 647 724 8650 for credit card payment or send e*lectronic funds transfer to* ar@cnla-acpp.ca.