Contractor Invoice

Date:_____

Contractor Name: _____ Invoice No._____

Contractor's position: _____ HST # (if applicable):_____

Contractor's hourly rate: _____

For the week of: _____ to _____

Dentist Name/Office Name: _____

Date	Start Time	End Time	Lunch	Total hours	Contractor Initial	Dental office Initial

TIME CONVERSION CHART
(Minutes to Decimal Hours)

Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours
1	.02	21	.35	41	.68
2	.03	22	.37	42	.70
3	.05	23	.38	43	.72
4	.07	24	.40	44	.73
5	.08	25	.42	45	.75
6	.10	26	.43	46	.77
7	.12	27	.45	47	.78
8	.13	28	.47	48	.80
9	.15	29	.48	49	.82
10	.17	30	.50	50	.83
11	.18	31	.52	51	.85
12	.20	32	.53	52	.87
13	.22	33	.55	53	.88
14	.23	34	.57	54	.90
15	.25	35	.58	55	.92
16	.27	36	.60	56	.93
17	.28	37	.62	57	.95
18	.30	38	.63	58	.97
19	.32	39	.65	59	.98
20	.33	40	.67	60	1.0

Total Hours x Hourly Rate	Minus DTS Fee (DA/REC 17%, RDH 12%)	Subtotal	+ HST (x .13 if applicable)	Total Invoice to DTS
				$ __.___