INVOICE

Contract Worker Name:

Street Address
City, Postal Code
Phone

INVOICE NO._____

DATE: _____

For month/year of:_____

TO: Person receiving service:

_____

_____

Type of Service:

SSAH, Huron Respite, Foundations Passport

Charges

Date, Time of Service	Rate	TOTAL
2 hours Jan 15 - 2-4pm	$15.00	$30.00
2 hours Jan 16 2-4pm	$15.00	$30.00
5 hours Jan 20 6-11pm	$15	$75.00
2 hrs Jan 29 10am-12:00pm	$15.00	$30.00
	TOTAL DUE	**$165.00**

_____

Signature of Contract Worker Date

_____

Service Received (Signature) Date