

# CONTRACT WORKER INVOICE (sample)

**Re:** \_\_\_\_\_ (type of service)

**Name of Contract Worker:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Service Provided to:** \_\_\_\_\_  
(Child's name)

**Phone #:** \_\_\_\_\_

**Month/Year** \_\_\_\_\_

Wk 1- Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly TOTAL
Start Time:								<del> </del>
Finish:								<del> </del>
Hours:								
Kms:								

Wk 2- Date:

Start Time:								<del> </del>
Finish:								<del> </del>
Hours:								
Kms:								

Wk 3- Date:

Start Time:								<del> </del>
Finish:								<del> </del>
Hours:								
Kms:								

Wk 4- Date:

Start Time:								<del> </del>
Finish:								<del> </del>
Hours:								
Kms:								

Wk 5- Date:

Start Time:								<del> </del>
Finish:								<del> </del>
Hours:								
Kms:								

**PAYMENT REQUESTED for:**

Total Support \_\_\_\_\_ Hrs @ \$ \_\_\_\_\_ /Hr = \$ \_\_\_\_\_

Total Support \_\_\_\_\_ Hrs @ \$ \_\_\_\_\_ /Hr = \$ \_\_\_\_\_

Total Kilometres \_\_\_\_\_ Kms @ \$ \_\_\_\_\_ /km = \$ \_\_\_\_\_

Total Expenses (Per Guidelines) \$ \_\_\_\_\_  
(RECEIPTS MUST BE INCLUDED)

\_\_\_\_\_  
Signature of Contract Worker & Date

\_\_\_\_\_  
Service Received (Signature) & Date

**TOTAL INVOICE** \$ \_\_\_\_\_