

## Respite Worker Invoice 2022-2023

**\*\*This document was designed to assist families with accessing respite/childcare in cases where the provider is unable to issue official receipts. If your provider is able to issue official receipts please send them to us in order to claim your approved funds. If your provider cannot issue official receipts please fill this document, sign it, pay your worker and submit this document to be reimbursed**

Name of Parents: \_\_\_\_\_

Name of Worker: \_\_\_\_\_

Name of Agency/ Respite Company:  
\_\_\_\_\_

Name of Child: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Date	Time	Number of Hours	Rate

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TOTAL Hours                      TOTAL

Signature of Parent: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_

Date worker paid: \_\_\_\_\_

Today's Date: \_\_\_\_\_