

## INVOICE

**Child / Youth Name or code:**
*Client code or full name*
**Invoice Date:** *July 6 2015*
**TO: YOUTH SERVICES BUREAU**

 C/o Coordinated Access and Referral to Services  
 2675 Queensview Drive  
 Ottawa, Ontario K2B 8K2

**Fax:** 613-288-0426

**Phone:** 613-729-0577 Ext.1251

Service Description	Dates Services	Time	Hours	Rate	Amount
<i>In home respite</i>	<i>June 15, 2015</i>	<i>5-9</i>	<i>4</i>	<i>\$20</i>	<i>80</i>
<i>Out of home respite</i>	<i>June 18, 2015</i>	<i>2-5</i>	<i>3</i>	<i>\$15</i>	<i>45</i>
<i>After school respite</i>	<i>July 5 2015</i>	<i>6-7</i>	<i>1</i>	<i>22.5</i>	<i>22.5</i>
			<b>Total hours</b>	<b>8</b>	<b>TOTAL</b>
					<i>147.5</i>

 Payable to: Parent or legal guardian- full name

 Mailing address: Complete mailing address including postal code

 Service Provider Signature: Signature of the service provider

 Parent / Guardian Signature: Signature of the parent/legal guardian