

INVOICE

Child / Youth Name or code:

Invoice Date:

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
			Total hours		TOTAL

Payable to: _____

Mailing address: _____

Service Provider Signature: _____

Parent / Guardian Signature: _____