

Respite Worker Invoice 2024-2025

****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 the Family Support Fund team to be reimbursed. You may also use this as a quote on the application.**

Parents/Guardian Name: _____

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

TOTAL Hours TOTAL

Signature of Parent: _____

Signature of Worker (if paid): _____

Date worker paid (leave blank if not paid yet): _____

Today's Date: _____