



## Schedule C

# INVOICE

(OFFICE USE ONLY)

EMHware#  
Process Amount: \$  
Coding:

Record Number:

Durham/HKPR: 7000-3000-597-ERES  
West: 7000-1100-597-RDFD  
York/Simcoe: 7000-1100-597-REFF

Payable To:		
Parent/Caregiver Name:	Child's Name:	Phone Number:
Address:	Postal Code	Parent/Caregiver Signature:

### Complete for In-Home respite:

Respite worker name(s)	Telephone number(s) And/or email address	Respite worker(s) signature	
Respite dates and hours	Salary rate	Total monthly <u>hours</u>	Total cost
			\$

### Complete for out-of-home respite:

Please note, all original receipts showing proof of payment **must** be submitted for out-of-home respite

Select service	Program details	Total number of <u>hours</u>	Total cost
<input type="checkbox"/> Camp <input type="checkbox"/> Group <input type="checkbox"/> Class/Lesson	Program name:  Program date(s):		
			Total    \$

Please submit all forms to [respitefunding@kerrysplace.org](mailto:respitefunding@kerrysplace.org)