Schedule C

INVOICE

(OFFICE USE ONLY)

EMHware# Record Number:

Process Amount: $

Coding:

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:

Complete this section for the following:

- Respite worker / mediator
- Respite worker / mediator **at** a camp or group

Respite worker name(s)	Telephone number(s) and/or email address	Respite worker(s) signature

Respite dates and hours	Salary rate	Total hours	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 hours	Total cost
Complete this section for the following • Camp fees • Tutoring • Social groups, recreational groups • Extra-curricular sports/hobbies (guitar, swimming, karate, etc.)	Program name(s) and date(s):		**$**

Please submit all forms to **intake@kerrysplace.org**