



# SSAH INVOICE

## FAMILY RESPITE SERVICES

2565 Ouellette Ave, Unit 150, Windsor, N8X 1L9

Phone: 972-9688 FAX: 972-8902



PARENT NAME: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY

POSTAL CODE

PHONE NUMBER: \_\_\_\_\_

FAMILY COORDINATOR: \_\_\_\_\_

DESCRIPTION OF SERVICE	Amount Paid	Name of Service Provider	Date of Service Provided	Receipt Attached
<b>TOTAL:</b>	<b>\$</b>			

Please mail cheque to above address

I will pick up cheque

\_\_\_\_\_  
PARENT'S SIGNATURE / LEGAL GUARDIAN

\_\_\_\_\_  
DATE

***\*RECEIPTS MUST BE ATTACHED TO INVOICE FOR PAYMENT.  
INVOICES MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT DATE.\****