

Person Supported Month/Year of Service					
Parent/Guardian Name			Service Provider Name		
Date of Service (Month/Day)	# of Hours Supported	Rate/hr. or flat rate wage	Total to be paid (\$)	Support Prov (brief description of sup	
i.e. April 5	6	\$15.00	\$90.00	movies	
i.e. April 5 i.e. April 18	6 All Day	\$15.00 Flat Rate	\$90.00	movies Library, YMCS, di	nner out
	TOTALS	\$	\$		
 Invoice forms must be signed by both the parent/guardian and the service provider in order to be processed. Late, incomplete, inaccurate invoices or if required documentation is missing, it may result in a delay in processing (eg. missing receipts required for proof of purchase) The information identified on this form is actual and correct. The Service Provider identified above, is over the age of 18 yrs. and is not a primary caregiver to the person supported Parent/Guardian (signature) Date Service Provider (signature) Date To Submit This Form:					
Email: invoice@getintocommunityliving.com Fax: 519-627-8905					

Mail/Drop Off: 1100 Dufferin Ave., Wallaceburg, ON N8A 2W1