

BLUEWATER RESPITE Inc.
 24-30 Clarendon Crescent
 London, Ontario N6C 5Y1
brfs.services@gmail.com
 TEL 519-281-4290



Service Provider/Support Worker Invoice

Child's/Client's Name:	
Service Provider/Support Worker's Name:	

Respite

Date (mm/dd/yy)	Start Time	End Time	Hours Worked
Total Number of Hours			
Rate per Hour			
Total Invoice Amount			

- I understand that by signing this receipt as a parent/Guardian means that the hours being submitted by the Service Provider/Support Worker are accurate.
- I understand that by signing this receipt as a Service Provider/Support Worker I am a Self-Contractor and responsible for reporting all income under the Canada Revenue Agency's regulations
- I understand that I am an associate of Bluewater Respite Inc. and not an employee of Bluewater Respite Inc.

Parent/Guardian Signature:	Date:
Service Provider/Support Worker's Signature:	Date: