

CHILDREN'S COMMUNITY NETWORK RÉSEAU COMMUNAUTAIRE POUR ENFANTS **BINOOJIINH NAADMAAGEWZOWIN**

Invoice #: **SAMPLE**

319 Lasalle Boulevard • Unit 2 • Sudbury, Ontario • P3A 1W7 🕾 705 566 3416 or 1 877 272 4336 407 Centre Street · Unit 1 · Espanola, Ontario · P5E 1G1 127 705 869 1564
15 Manitowaning Road · P.O. Box 269 · Little Current, Ontario · P0P 1K0 127 705 368 2002 Chapleau Mailing Address: 319 Lasalle Boulevard · Unit 2 · Sudbury, Ontario · P3A 1W7 🕾 1 877 272 4336

RESPITE INVOICE										
PLEASE	USE A SEP	ARA	TE IN	VOIC	E FOR E	EVER	Y RE	SPITE	PROVI	DER
Name of Respite Provider:					Child's Name:					
					Parent/Guardian:					
Address:					Address:					
City/Town: Postal Code:					City/Town: Postal Code:					
IN-HOME RESPITE HOURS					OUT-OF-HOME RESPITE HOURS					
Cost of the service of a provider who serves as a caregiver in the home of a developmentally and/or physically disabled child in the absence of the usual caregiver.					Cost of the temporary care of developmentally and or physically disabled child in a location other than their own home.					
Arrival DATE & TIME	Departure DATE & TIME	IN-HOME RESPITE			HOURS	OUT-OF-HOME F			TE HOURS	
		Rate of o Pay	Flat r Rate	# of Hours	Total Cost	Rate of o Pay	Flat r Rate	# of Hours	Total Cost	Expenses including HST
TOTALS										
I have provided the services described above. I have received the services described above.										
	(Parent/Guardian)									
			OFFI	CEU	SE ON	LY				
RESPITE PROVIDER HAS PAW ON FILE YES									YES YES YES	NO
Approved by:									Q1&2 (Apr-Sep Q3 (Oct-Dec) – Q4 (Jan-Mar) -	Jan 15 th

(CCN Representative)

INSTRUCTIONS FOR COMPLETING YOUR INVOICE

- 1. Follow the Pay Breakdown Schedule to confirm invoicing deadlines and direct deposit pay dates.
- 2. Ensure that you use a separate invoice for every respite provider who is providing relief within the pay period.
- 3. Be sure to include all requested information, including the name and address of the provider, name and address of the child, name of the parent/guardian, etc.
- 4. Indicate the date and time the provider began delivering support and the date and time the provider finished under the Arrival and Departure headings.
- 5. If the provider supported the child/youth in the family's home, enter the rate of pay or flat rate, amount of hours worked, and the total cost of relief under the **In-Home** headings.
- 6. If the provider supported the child/youth outside of the family's home, enter the rate of pay or flat rate, amount of hours worked, and the total cost of relief under the **Out-of-Home** headings.
- 7. Ask the respite provider to sign the invoice.
- 8. The invoice should then be signed by the parent/guardian.
- 9. To submit an expense, list the nature of the expense (e.g. summer camp registration fee) under the Arrival heading and the cost, including HST, under the Expenses heading. Please ensure to also include the original receipt.
- 10. Submit a copy of the invoice to the Children's Community Network for payment and keep a copy for your records:

319 Lasalle Blvd, Unit 2, Sudbury, ON P3A 1W7
Email: respite@ccnsudbury.on.ca
Fax: 705-521-7376