



361 Montreal St
Kingston ON K7K 3H4

Invoice for Support Client Directed Funding

Child/Client's Name _____

Parent/Guardian's Name _____ Phone _____

Worker/Provider's Name _____ Phone _____

INVOICE PERIOD: From (Date) _____ To (Date) _____

of Hours/Days: _____ Rate per Hour/Day: _____ Total: _____

Office Use Only: Admin Fee \$ _____ Total Charged to Client Account \$ _____

Funding Source: SSAH ACSD Other: _____ GL# _____

Terms:

- Workers are **self-employed and NOT employees** of Extend-A-Family Kingston.
- Workers are responsible for keeping a record of their earnings and making the appropriate declarations to Canada Customs and Revenue Agency.
- Any Extend-A-Family Kingston staff member providing respite services through "client directed funding" is subject to the same conditions outlined in items 1 and 2 above.
- Extend-A-Family Kingston directs the administration of client funding on behalf of the family for approved invoices. **Extend-A-Family Kingston accepts no responsibility or liability for supervision of the respite service, the quality of the service, or any matter arising between the family and the worker**
- Approved invoices must include the signatures of both the parent/guardian and worker. Phone numbers and dates must be provided. **EAF will not pay invoices that have been altered unless changes have been initialized by both the parent/guardian and the workers. The Parent/Guardian's signature on this invoice confirms that the parent/guardian has authorized the amount to be paid to the worker. Parents/Guardians should ONLY sign invoices that have been completed, not blank ones.**
- Cheques are issued on a bi-weekly basis. Please see reverse payment schedule.
- In the event that funding is no longer available** from an approved or identified source through EAF, the unpaid invoice will be returned to the worker, and **the parent/guardian will be responsible for the amount of this invoice.**

We, the undersigned, agree that the information presented on this invoice is accurate and that we have read and understood the terms as outlined above.

Parent/Guardian _____ Worker _____

Please Make Cheque Payable to:

Name: _____

Address: _____

Mail Cheque

Will Pick up Cheque on cheque issue date. (See reverse.)

Phone: 613.544.8939
Fax: 613.544.9569
Email: rebecca@eafkingston.com
Web: www.eafkingston.com

IS _____
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INVOICES FOR SUPPORT PAYMENT SCHEDULE**Forms are due by
Tuesday @ 10 A.M.****Cheques are available Thursday after
12 P.M.**

January 5/10		January 7/10
January 12/10		January 14/10
January 26/10		January 28/10
February 9/10		February 11/10
February 23/10		February 25/10
March 9/10		March 11/10
March 23/10		March 25/10
April 6/10		April 8/10
April 20/10		April 22/10
May 4/10		May 6/10
May 18/10		May 20/10
June 1/10		June 3/10
June 15/10		June 17/10
June 29/10		July 2/10
July 13/10		July 15/10
July 27/10		July 29/10
August 10/10		August 12/10
August 24/10	Office Closed August 23-27/10	August 26/10
September 7/10		September 9/10
September 21/10		September 23/10
October 5/10		October 7/10
October 19/10		October 21/10
November 2/10		November 4/10
November 16/10		November 18/10
November 30/10		December 2/10
December 14/10		December 16/10
December 28/10	Office Closed December 27-31/10	December 30/10
January 11/11		January 13/11
January 25/11		January 27/11

Please note:

- Invoices received after the due date will be available on the next cheque issue date after 12pm.*
- If you have indicated that you want to pick up your cheque and **you are unable to pick up your cheque on the "cheque issue date"** which is a Thursday, please call 613-544-8939, ext 30, to arrange a time to pick up your cheque.*

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