

*Connect. Improve. Achieve.*



## Respite Care Voucher Invoice

**Voucher Number \***

*Located on your Respite Care Services Voucher*

**Voucher Expiration Date \***

**Parent/Guardian Name \***

**Parent/Guardian Mailing Address \***

State



*This is where you will receive your payment check.*

**Parent/Guardian Email \***

**Parent/Guardian Phone Number \***

**Region**

**Provider Name \***

**Provider Email \***

**Provider Phone Number**

**Upload receipts here (if applicable):**



*or drag files here.*

All invoices for services provided during a six-month voucher period must be submitted no later than 30 days from the voucher expiration date.

## Services Provided

	Date of Service	Child's Name	Hours of Service	Payment for Service Date (Amount)
✘				
✘				
✘				
✘				
✘				
✘				
✘				
✘				
✘				
✘				
✘				

Total Hours: 0 0

+ Add Item

Total Amount to be Requested  
0

I/we certify that the information provided above is true and accurate to the best of my ability and prior to release of reimbursement I/we may be contacted to verify or provide additional information on the reimbursement claim.

Parent Signature \*

Date

Respite Provider Relationship to Child \*

Example: Grandparent, family friend etc.

Care Giver Signature

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