RECORD OF PAYMENT BY CLIENT TO SERVICE PROVIDER

Name of Serv	vice Provider:			
Name of Clie	nt:			
Name of Serv	vice Provided: 🖵 Snov	v Remova	al 🗖 Home Main	itenance 🖵 Yard Work
Provider's Ch	narge/Hour (Unit): \$			
!	1209 Catherine Str	eet, P.O. E	· · · · · · · · · · · · · · · · · · ·	morial Centre anding, ON POR1JO rycentre@one-mail.on.ca
Date Work Done	Type of Work Done	Hours/ Units	Total Amount Paid	Signature of Service Provider Acknowledging Receipt of Payment
I hereby verif	fy that the accounting	given ab	ove is correct and	Supported by: Ontario

North East Local Health

Integration Network

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PLEASE FEEL FREE TO USE AND SUBMIT THIS SHEET FOR MULTIPLE MONTHS.