

RESPIRE CARE SERVICES

ONE CATHEDRAL SQUARE

PROVIDENCE, RI 02903

Email – hmunoz@dioceseofprovidence.org

(401) 421-7833 x211

(401) 453-6135 Fax

*****INVOICE*****

**Remit To: Respite Care Service
Attn.: Hector
One Cathedral Square
Providence, RI 02903**

From: (Vendor) _____

Address: _____

Telephone: _____

Contact Person: _____

Billing Period: From _____ To _____

CLIENT NAME: _____

WEEK ENDING	<input type="checkbox"/> <i>Hours</i> <input type="checkbox"/> <i>Days</i> <input type="checkbox"/> <i>Nights</i>	RATE (Client)	RATE (Respite)	AMOUNT DUE (Client)	AMOUNT DUE (Respite)
TOTAL AMOUNT DUE:				\$	\$

NOTES: _____

*****The Vendor is required to maintain worker time sheets on file to verify the hours listed above*****

AUTHORIZED SIGNATURE: _____ Date: _____

Diocese of Providence