

**PARENT:** \_\_\_\_\_

**CHILD:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_



## INVOICE

Date: \_\_\_\_\_

**PROVIDER:** \_\_\_\_\_

SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
			TOTAL	

Send invoice to: Carolina Children's Charity, PO Box 30068, Charleston, SC 29417  
Phone: (843) 769-7555

Parent's Signature: \_\_\_\_\_ (I verify that the above provider is not a family member, living in or out of my home or close family friend who otherwise regularly spends time in the home.)

Provider's Signature: \_\_\_\_\_