

# Family & Children First Council

414 Superior Street  
 Sandusky, Ohio 44870  
 419-624-6355



## Services Invoice

Client Name:  
 Provider Name:

Service Dates:  
 Submission Date:

Day of Week	Date	Services Provided Unit Rate	Time In	Time Out	Total Time	Total Charge
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>Notes:</b>					Total Service days	
Address that reimbursement is to be submitted to:					Total Service Time	
					Service Cost	
					Total Service charges	
					<b>Balance due</b>	

Send all invoices to Francine Bergmoser at the above address  
**Payment requested will be processed and remitted with in one month of submission.**