



## Family Care Service Invoice – United Steelworkers

Caregiver/Agency Name: \_\_\_\_\_

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

City and Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Licensed (circle one): Yes No

### Bill to:

USW Member Name: \_\_\_\_\_

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

Date(s) of Care	Hours of Care	Type of Service Provided (e.g. elder care; child care)	Name of Person Cared For	Amount Charged
				\$
				\$
				\$
<b>Total cost of care:</b>				\$

<b>Family Care Provider Signature:</b>	
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