

RECEIPT OF PAYMENT RESPITE/ABA SERVICES

CONSUMER'S NAME: _____

DATE MM/DD/YY	TYPE OF SERVICE (PLEASE LIST)	# OF HOURS	COST PER HOUR	TOTAL PAID
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
		X	= \$	.
TOTAL				.

PROVIDER OF SERVICES:	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TELEPHONE #	

I have received a check or cash , in the amount of \$ _____, in payment for services and goods as described above.

_____ Please sign

_____ Date

