Caregiver Name: _____

Client Name: _____

| DATE/MONTH/YEAR | Amount of Hours Worked | Time In/Time Out | Unit Price |
|---|---|---|---|
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| / / 20 _____ | | In: _____ Out _____ | $ |
| TOTAL QUANTITY | | | |

Reg quantity: _____ x $ _____ = _____

Other quantity: _____ x $ _____= _____ (This is for Holidays- leave blank otherwise)

Other quantity: _____x $ _____ = _____

By signing below, I certify the above is correct and I authorize Loving Care in Home Services to distribute and pay my caregiver on my behalf from my escrow account for this invoice.

Independent Contractor Signature: _____ DATE: _____

**CLIENT SIGNATURE: _____ DATE: _____**