

MASTER BILLING SHEET - PAGE 2



Client's Name:	
Invoice #:	
Vendor :	000368471
Pay/Service Period:	

SERVICE SUMMARY	TOTAL HOURS
Consultation to Guardian	
Clinical Supervision	
Staff Training	
Speech-Language Pathology (SLP)	
Speech-Language Pathology - Assistant (SLPA)	
Occupational Therapist (OT)	
Physical Therapist (PT)	
Behaviour Support/Psychologist (BS)	
Early Interventionist (Aide)	
Program Coordinator (PC)* <small>*Hours included in Consultation to Guardian & Clinical Supervision</small>	
Mileage for Program Coordinator and/or Aide	
Administration	
Other	

Parent Signature: _____

Date: _____

Kids First Representative: _____

Date: _____