

<b>CASH RECEIPT</b>				
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<b>NAME OF INFORMAL CAREGIVER</b>		<b>PAYMENT DATE</b>		
<b>SOCIAL INSURANCE NUMBER OF INFORMAL CAREGIVER</b>		<b>AMOUNT PAID</b>	\$	-
<b>CLIENT NAME</b>				
<b>DESCRIPTION OF SERVICES ****(INCLUDING DATES SERVICES WERE PROVIDED)***</b>				