

Billing:
Central Care Services, Inc.
2001 Palm Beach Lakes Blvd #300D
West Palm Beach, FL 33409

Invoice

Contractor's Name: _____

Contractor's Address: _____

City State Zip

Week of: _____ - _____

Clients' Name	Service	Total Hours Worked	Rate	Total
John Doe (Example)	Companion	4	\$9:00	\$36:00

Total Amount \$ _____

Contractor's Signature