

RECORD OF PAYMENT BY CLIENT TO SERVICE PROVIDER

Name of Service Provider: _____

Name of Client: _____

Name of Service Provided: ☐ Snow Removal ☐ Home Maintenance ☐ Yard Work

Provider's Charge/Hour (Unit): \$_____

Submit to: The Dr. Harold S. Trefry Memorial Centre

1601 C Line, P.O. Box 158, Richards Landing, ON, P0R1J0

Phone: 705-246-0036 Fax: 705-246-0249 Email: dr.trefrycentre@one-mail.on.ca

Date Work Done	Type of Work Done	Hours / Units	Total Amount Paid	Signature of Service Provider Acknowledging Receipt of Payment

I hereby verify that the accounting given above is correct and true.

Signature of Client



PLEASE FEEL FREE TO USE AND SUBMIT THIS SHEET FOR MULTIPLE MONTHS.

Due December 31st, March 31st, June 30th, September 31st to be processed every quarter.