

Yearly Receipt

Invoice and receipt for ABA therapy/tutoring services provided to:

Child's Name: _____

Receipt number: _____

Therapist: _____

Therapist SIN#: _____

Date range for services rendered: _____

Total amount paid: _____

Paid in Full

Signature : _____ (Therapist) Date: _____

Signature : _____ (Parent) Date: _____