

# Yearly Receipt

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

Child's Name: \_\_\_\_\_

Receipt number: \_\_\_\_\_

BI/tutor: \_\_\_\_\_

BI/Tutor SIN#: \_\_\_\_\_

Date range for services rendered: \_\_\_\_\_

Total amount paid: \_\_\_\_\_

## **Paid in Full**

Signature : \_\_\_\_\_ ( BI /Tutor) Date: \_\_\_\_\_

Signature : \_\_\_\_\_ ( Parent) Date: \_\_\_\_\_