Invoice #: _____ **Date:** _____

To: Chesapeake Home Health Care, Inc.
4500 Forbes Blvd. Suite 110
Lanham, MD 20706

From: _____ ***(name)***
_____
_____

PERIOD COVERED: _____
(Only detail a one week period per invoice; week is Sun thru Sat)

CLIENT SERVED: _____
(Only list one client per invoice)

I. Description of Services

Date(s)	Service Provided	Hrs Wkd	Contract Rate	Total Amount

Total Hours Worked _____

Total Price, Per Terms of Contract _____

Total Amount Due and Payable _____

Please make checks payable to "_____"