BCTF Kids Matter Teachers Care

ANIMAL BOARDING AND CARE INVOICE

Bill to:

Member name _____ _____
Last name *First name*

Provider/Caregiver name _____ _____
Last name *First name*

Address _____ City _____

Postal Code _____ Phone _____ E-mail _____

Related to BCTF member (check one)	☐ Yes*	☐ No

**You selected 'Yes' to being related to a BCTF member; please specify your relationship.*

Please specify: _____

Boarding and Care Details

Date(s) of boarding and care	Type of animal (e.g., dog, cat, rabbit)	Description of care provided	Amount charged
			$
			$
			$
			$
		Total cost of boarding and care	**$**

☐ I hereby confirm that the above-referenced invoice has been paid by the BCTF member identified above.

Provider/Caregiver signature: _____ Date _____