

**Bill to:**

Member  
name

\_\_\_\_\_  
*Last name*

\_\_\_\_\_  
*First name*

**Provider information:**

Provider/Caregiver name

\_\_\_\_\_  
*Last name*

\_\_\_\_\_  
*First name*

Address

City

Postal Code

Phone

E-mail

Please specify your relationship to the member:

**Dependant Care Details**

| Date(s) of service           | Type of service provided | Hours of care                                                  | x | Rate (\$/hr) | = | Amount charged |
|------------------------------|--------------------------|----------------------------------------------------------------|---|--------------|---|----------------|
| Example:<br>April 30, 2026   | Elder care               | 8am – 11:15am = 3.25hrs<br>4pm – 6pm = 2hrs<br>Total = 5.25hrs | x | \$20         | = | \$105          |
|                              |                          |                                                                | x |              | = | \$             |
|                              |                          |                                                                | x |              | = | \$             |
|                              |                          |                                                                | x |              | = | \$             |
|                              |                          |                                                                | x |              | = | \$             |
|                              |                          |                                                                | x |              | = | \$             |
| Total cost of dependant care |                          |                                                                |   |              |   | \$             |

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

☐ I hereby acknowledge that I will be responsible for any tax reporting and tax remittance to the Canada Revenue Agency.

Provider/Caregiver signature: \_\_\_\_\_

Date \_\_\_\_\_