

**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 “ \_\_\_\_\_ ”*