

Ontario Autism Program invoice template

An invoice layout with blanks for provider, child, funding and service lines. Not a government form.

therapycrm.io

Clinic legal name and operating name

Address, phone and email

GST/HST registration number (if registered)

Invoice number

Issue date

Due date

Bill to and child

Parent or guardian name and address

Child's name

Funding program

Reference number

Funding period

Services

Date	Service and code	Delivered by (name, designation, Reg. No.)	Supervised by (name, designation, Reg. No.)	Min	Qty	Rate	Amount

Subtotal

Tax (code and amount)

Total

Funded amount

Amount paid

Balance due

Receipt number(s)

Payment terms and notes

Show any item the guidelines treat as ineligible, such as a cancellation fee for a missed session, on its own line. Technology, program materials and equipment need a separate letter of recommendation. Fees are agreed with the family before service. This layout is not a government form.