

# Invoice

## Certified Birth Doula

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code : \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

To:

Invoice #

Date: \_\_\_\_\_

BC Association of Aboriginal Friendship Centres

Doulas for Aboriginal Families (Grant Program)

[doulasupport@bcaafc.com](mailto:doulasupport@bcaafc.com)

551 Chatham Street

Victoria, BC, V8T 1E1



Doula Supports for \_\_\_\_\_

(Name of Client)

Service(s)	DESCRIPTION	#of Visits	Hours	AMOUNT
Prenatal visit(s) at applicants residence				
Labour and birth support (at home and/or at the hospital)				
Post-Partum visit(s)				
Other (please identify)				
		TOTAL		

### Summary of Birth Story

(Please include a short summary of your experience at any stage of your clients pregnancy—prenatal, birth/labour, and postpartum.)