



**LADY  
GROVER'S  
FUND**

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**HOME NURSING OR CARE RECEIPT**

**HOME NURSING OR CARE FOR:** (NAME OF EMPLOYER) \_\_\_\_\_

**OF:** (ADDRESS) \_\_\_\_\_

**NAME OF EMPLOYEE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

<i>WEEK ENDING DATE</i>	<i>NUMBER OF DAYS WORKED</i>	<i>DAILY RATE</i>	<i>TOTAL COST</i>	<i>SIGNATURE of helper employed</i>

*TOTAL:* \_\_\_\_\_