**Feuille mensuelle Contribution d'assistance**

Nom et Prénom du bénéficiaire : No AVS:

Nom de l’assistant-e : Mois facturé:

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| Date | Nombre heures | Nuits | 1Nuits non facturées | Vacances l’assistant-e | 2Accident l’assistant-e | 2Maladie employeur | 2Maladie assistant-e | Maternité l’assistant-e |
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| **Total** |  |  |  |  |  |  |  |  |

 Date et signature du bénéficiaire Date et signature assistant/assistante

1) Merci de préciser la raison sur la facture / 2) mentionner les heures de jours et les nuits qui auraient dû être effectuées