

# INVOICE

**Daycare Provider Name**

123 Business Lane

City, State, Zip

Phone: (555) 000-0000

**Invoice #:** \_\_\_\_\_**Date:** \_\_\_\_\_**Billing Period:** \_\_\_\_\_**BILL TO:**

Parent/Guardian Name

Child's Name: \_\_\_\_\_

Address Line 1

City, State, Zip

Description of Service	Qty / Weeks	Rate	Total
Full-Time / Part-Time Care		\$	\$
Extended Hours / Late Pickup Fees		\$	\$
Materials / Meals / Activity Fees		\$	\$
		<b>SUBTOTAL</b>	\$
		<b>DISCOUNTS</b>	(\$ )

Description of Service	Qty / Weeks	Rate	Total
<b>TOTAL DUE</b>			<b>\$</b>

**Payment Terms:** Due upon receipt or by the 1st of the month.

**Notes:** Please make checks payable to [Business Name]. A late fee of \$\_\_\_ applies after the 5th.