

# INVOICE

**[Daycare Name]**  
[Address]  
[Phone/Email]  
[Tax ID/License #]

Invoice #: [000]  
Date: [Date]  
Due Date: [Date]

**BILL TO:**

[Parent/Guardian Name]  
[Address]  
[Child's Name]

**Service Period:**  
[Start Date] to [End Date]

Description of Service	Rate	Hours/Days	Amount
Childcare Services	\$0.00	0	\$0.00
Overtime/Late Pick-up Fees	\$0.00	0	\$0.00
Meals/Materials	\$0.00	-	\$0.00

Subtotal: \$0.00

Discount/Subsidy: -\$0.00

**Total Due: \$0.00**

**Payment Instructions:**

Please make checks payable to [Provider Name] or pay via [Payment Method].

*Thank you for choosing [Daycare Name]!*