

[Nursery School Name]

[Street Address]
[City, Postcode]
[Phone Number]

INVOICE

Invoice #: _____

Date: _____

Bill To:

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

Billing Period:

[Start Date] to [End Date]

Description	Hours/Days	Rate	Amount
Tuition Fees			
Meals / Snacks			
Extracurricular Activities			
Late Collection Fees			

Subtotal: _____

Government Funding/Discount: (_____)

Total Due: _____

Payment Terms: Please pay by [Due Date].

Bank Details: Account Name: [Name] | Account No: [Number] | Sort Code: [Code]

Thank you for choosing [Nursery School Name].