INVOICE

[Provider Name]
[License Number]
[Phone / Email]

Date: _____
Invoice #: _____

BILL TO:
[Parent/Guardian Name]
[Child's Name]
[Address]

SERVICE PERIOD:
Start Date: _____
End Date: _____

Description of Service	Rate	Hours/Days	Amount
Childcare Services			$
Overtime/Late Fees			$
Supplies/Other			$

Subtotal: $_____

Discounts: ($_____)

TOTAL DUE: $_____

Payment Due By: _____

Notes: Please make checks payable to [Provider Name]. Thank you for letting me care for your child!