INVOICE

[Daycare Name]
[Address]
[Phone]
[Email]

Invoice #: _____
Date: _____

BILL TO:

[Parent Name]
[Address]
[Child Name]

BILLING PERIOD:

[Start Date] to [End Date]

Date	Description / Daily Notes	Hours	Hourly Rate	Total
			$	$
			$	$
			$	$
			$	$
			$	$

Subtotal: $_____
Additional Fees: $_____

TOTAL DUE: $_____

Payment Terms: Due upon receipt. Late fees apply after [Number] days.

Notes: [Space for additional comments or payment instructions]