# INVOICE

**RECURRING SERVICE**

**[Nanny Name]**
[Street Address]
[City, State, Zip]
[Phone/Email]

**BILL TO:**
[Parent/Client Name]
[Street Address]
[City, State, Zip]

**Invoice #:** [000]
**Billing Period:** [Date] to [Date]
**Due Date:** [Date]

| Description | Hours/Days | Rate | Amount |
|---|---|---|---|
| Regular Childcare Services | [0.00] | $[0.00] | $[0.00] |
| Overtime / Additional Hours | [0.00] | $[0.00] | $[0.00] |
| Transportation/Mileage Reimbursement | [0.00] | $[0.00] | $[0.00] |
| Reimbursable Expenses (Supplies/Activities) | - | - | $[0.00] |

Subtotal: $[0.00]

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**Total Due: $[0.00]**

**Payment Information:**
[Payment Method: e.g., Venmo, Zelle, Check]
[Account Details/Username]

*Thank you for the opportunity to care for [Child Name(s)]!*