INVOICE

[Daycare Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: _____
Invoice #: _____
Week Of: _____

BILL TO:

[Parent/Guardian Name]
[Address]
[Phone/Email]

CHILD DETAILS:

Name: [Child's Name]
Age Group: [Infant/Toddler/Pre-K]

Day	Description of Services	Hours	Daily Rate	Total
Monday	Daycare Services		$	$
Tuesday	Daycare Services		$	$
Wednesday	Daycare Services		$	$
Thursday	Daycare Services		$	$
Friday	Daycare Services		$	$

Day	Description of Services	Hours	Daily Rate	Total
			Subtotal:	$
			Overtime/Late Fees:	$
			Materials/Meals:	$

TOTAL DUE: $_____

Due Date: _____

Payment Notes:
Please make checks payable to [Daycare Name]. Late payments may incur a fee of [Amount].

Thank you for choosing [Daycare Name]!