

CHILDCARE INVOICE

INVOICE #

DATE:

CHILDCARE PROVIDER

Name: _____

Tax ID/SSN: _____

Address: _____

Phone: _____

PARENT / GUARDIAN

Name: _____

Address: _____

Email: _____

CHILD INFORMATION

Child's Full Name: _____

Service Period: _____

Description of Services	Dates/Hours	Rate	Amount

Subtotal: _____

Discounts/Adjustments: _____

TOTAL DUE: \$ _____

NOTES / PAYMENT INSTRUCTIONS

Provider Signature

Date Signed