

INVOICE

Provider: [Your Name/Business]

[Address]

[Phone / Email]

Invoice #: _____

Date: _____

Week Ending: _____

Bill To:

[Parent/Guardian Name]

[Child's Name]

| Day | Hours / Shift | Rate | Amount |
|--------------------|---------------|------|--------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Overtime/Late Fees | | | |

Day

Hours / Shift

Rate

Amount

Other (Meals/Trips)

Subtotal: \$ _____

Adjustments/Credits: \$ _____

Total Amount Due: \$ _____

Payment Instructions: [e.g., Cash, Check, Venmo, Bank Transfer]

Notes: [Due date or late fee policy]