

[Agency Name]

[Address]

[Phone Number]

[Email Address]

INVOICE

Date: [Date]

Invoice #: [0000]

BILL TO:

[Client Name]

[Client Address]

[Client Phone]

SERVICE PERIOD:

[Start Date] to [End Date]

NANNY:

[Nanny Name]

Description of Services	Hours / Units	Rate	Total
Childcare Services - Standard Hours	0.00	\$0.00	\$0.00
Childcare Services - Overtime	0.00	\$0.00	\$0.00
Agency Placement/Admin Fee	1	\$0.00	\$0.00
Reimbursable Expenses (Travel/Meals)	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Payment Terms: Due within [X] days of invoice date.

Payment Methods: [Bank Transfer / Check / Credit Card]

Thank you for choosing [Agency Name] for your childcare needs.