

# PAYROLL INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**NANNY NAME**

Address Line 1  
City, State, Zip  
Phone / Email

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## EMPLOYER INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## PAY PERIOD:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Description	Hours/Qty	Rate (\$)	Total (\$)
Regular Childcare Services			
Overtime Services			
Reimbursements (Travel/Meals)			

Description	Hours/Qty	Rate (\$)	Total (\$)
Other: _____			

Gross Total: \$ \_\_\_\_\_

Taxes/Deductions: (\$ \_\_\_\_\_)

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NET PAYABLE: \$ \_\_\_\_\_

**Notes:**

\_\_\_\_\_

Nanny Signature

\_\_\_\_\_

Employer Signature