

INVOICE

Nanny Care Services

[Your Name/Agency]
[Phone Number]
[Email Address]

BILL TO:

[Parent/Guardian Name]
[Address Line 1]
[Address Line 2]

Invoice #: [0001]
Date: [Date]
Service Period: [Start Date - End Date]

DESCRIPTION OF SERVICE	DATE(S)	HOURS/QTY	RATE	AMOUNT
Childcare Services	[Date Range]	[00]	[\$[00.00]	[\$[00.00]
Overtime / Evening Premium	[Date]	[00]	[\$[00.00]	[\$[00.00]
Reimbursable Expenses (Travel/Meals)	[Date]	-	-	[\$[00.00]

Subtotal: \$[00.00]
Taxes/Fees: \$[00.00]
Total Due: \$[00.00]

Payment Instructions: Please make checks payable to [Name] or transfer via [Payment Method]. Payment is due within [Number] days of receipt.

Thank you for the opportunity to care for your family.