

# INVOICE

**Provider:**

**Date:**

**Invoice #:**

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**Bill To (Parent/Guardian):**

Name:

Address:

**Care Period:**

Week Starting:

Child Name:

Day	Hours / Details	Rate	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Additional / Overtime			

Subtotal:

Discounts/Credits:

**Total Amount Due:**

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**Payment Instructions:**

**Notes:**