

# INVOICE

**Provider:**  
**ID/Tax No:**

**Invoice #:**  
**Date:**  
**Week Ending:**

**Parent/Guardian:**

**Child Name(s):**

Day	Hours/Description	Rate	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Day	Hours/Description	Rate	Total
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Saturday/Sunday

Additional Fees (Meals/Late)

Subtotal:  
Discount:

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**Total Due:**

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**Payment Instructions:**

**Notes:**

Thank you for your trust and business!