

DAYCARE INVOICE

| | | | |
|---------|--------------|---------------|------------|
| Bill To | Invoice # | Payment Terms | Amount Due |
| _____ | _____ | _____ | |
| _____ | Invoice Date | Due Date | |
| _____ | _____ | _____ | |

| Description | Qty / Hrs | Price / Rate | Amount |
|-------------|-----------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | |
|--------------------------|----------|
| Payment Method(s): _____ | Subtotal |
| | Tax |
| Payment Link(s): _____ | Misc. |

| | |
|--------|------------|
| Notes: | Amount Due |
|--------|------------|

