

Child Care Services Invoice

Invoice Number:

Date Issued:

Due Date:

Provider Details

Provider Name:

Address:

Phone:

Email:

Client Details

Parent/Guardian

Name:

Child Name:

Contact Number:

Description of Service	Date(s)	Hours	Rate	Amt
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>

Notes:

Thank you for trusting us with your child care needs!