

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	Am
<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!