

# After-School Care Invoice

Provider Name:

Address:

Phone:

Date:

Invoice #:

Parent/Guardian Name:

Student Name:

## Care Details

Date(s)	Hours	Rate	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Grand Total:</b>			<input type="text"/>

## Notes

Signature: