

# Preschool Care Service Invoice

Preschool Name:

Address:

Phone:

Email:

Invoice No.:

Date:

Bill To:

Child's Name:

Service Period:

Description	Quantity/Days	Unit Price	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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal:			<input type="text"/>
Tax:			<input type="text"/>
Total:			<input type="text"/>

Notes:

Payment Due Date:

Thank you for choosing our preschool care services!