

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!