CHILD CARE INVOICE

CHILD CARE PROVIDER

Provider name _____

Address _____

Phone / email _____

Taxpayer ID no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Billing period _____

BILL TO (PARENT OR GUARDIAN)

Name _____ Email _____

Address _____

CHILDREN AND CARE

Children _____

Care provided _____

Hours _____

TUITION

Item	Details	Qty	Unit	Rate	Amount

Tuition subtotal

FEES

Item	Details	Qty	Unit	Rate	Amount

Fees subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Sibling discount on tuition (_____%)	
Total	
Less: payments received	
Amount due	

BILLING NOTES

_____

_____

Please quote the invoice number with your payment.