NANNY AGENCY INVOICE

AGENCY

Agency name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Search agreement no. _____

BILL TO (FAMILY)

Family _____ Contact _____

Address _____

Email _____

PLACEMENT

Position _____

Nanny _____ Start date _____

Schedule _____

PLACEMENT

Item	Details	Qty	Unit	Rate	Amount

Placement subtotal

TEMPORARY AND BACKUP CARE

Item	Details	Qty	Unit	Rate	Amount

Backup care subtotal

BACKGROUND CHECK, PASSED THROUGH AT COST

Item	Details	Qty	Unit	Rate	Amount

Subtotal

Sales tax on agency services, if applicable (_____%)

Background check, passed through at cost

Total

Less: retainer applied

Amount due

HOW TO PAY

Accepted methods _____ Account name _____

Bank details _____ Payment reference _____

BILLING NOTES

Please quote the invoice number with your payment.