|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INVOICE | |  |  |  | |
| **INVOICE NUMBER**  00001 | **DATE OF ISSUE**  mm/dd/yyyy |  |  |  | |
|  |  |  | | | |
| **BILLED TO**  <YOUR NAME>  <YOUR ADDRESS> | | **CHILDCARE PROVIDED BY:**  <NAME/AGENCY> <ADDRESS> | | | |
|  |  |  |  |  |  |
| **DATE OF SERVICE:** | **CARE PROVIDED FOR:** | **HOURLY**  **COST** | **NUMBER OF HOURS** |  | **AMOUNT** |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  | $0 | 1 |  | $0 |
|  |  |  |  |  |  |
|  |  |  | **TOTAL** |  | $0 |
|  | **AMOUNT RECEIVED:** | |  | $0 |
|  |  |  | |  |  |
| **SIGNATURE OF CARE PROVIDER:** | |  |  |  |  |

