|  |  |  |  |
| --- | --- | --- | --- |
| 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:** |  |  |  |  |

