Date: _____
Invoice # _____

DAYCARE INVOICE

Company: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Email: _____
Fax: _____

To
Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Email: _____
Fax: _____

Venue:
Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Email: _____
Fax: _____

Child	Age	Time IN	Time OUT	Days	Payment Terms	Due Date

Date(s)	Time(s)	Description	Price	Discount	Line Total