

DAYCARE INVOICE

Date: [Enter a Date]
Invoice # [100][Your Company
Name]
[Street Address]
[City, ST ZIP
Code]
[Phone]
Fax [000.000.0000]
[e-mail]

To

[Name]
[Company Name]
[Street Address]
[City, ST ZIP
Code]
[Phone]
Customer ID
[ABC12345]

Venue:

[Name]
[Company Name]
[Street Address]
[City, ST ZIP
Code]
[Phone]
Customer ID
[ABC12345]

Agent	Job	Time IN	Time OUT	Packag e	Paymen t Terms	Due Date
-------	-----	------------	-------------	-------------	-------------------	-------------

Due on
receipt

Date	Time	Descriptio n	Price	Discount	Line Total
------	------	-----------------	-------	----------	---------------

Total Discount

Subtotal
Sales Tax
TotalYOUR LOGO
HERE

[Your company slogan]

Make all checks payable to [Your

		Company Name] Thank you for your business!
--	--	--