 **DAYCARE RECEIPT TEMPLATE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YOUR LOGO** |  |  |  |  |  | DAYCARE RECEIPT |
|  |  |  |  |  |  | **START DATE** | **END DATE** | **INVOICE DATE** | **INVOICE NO.** |
|  |  |  |  |  |  |  |  |  |  |
| CHILD CARE PROVIDER |  |  |  |  |  |  |  |  |
| COMPANY NAME |  |  | **NAME OF CHILD** | **DATE** | **DROP OFF TIME** | **PICK UP TIME** | **DURATION (HRS)** | **RATE PER HOUR** | **TOTAL** |
| ADDRESS  |  |  |  |   |   |   |   |   |   |
| ADDRESS  |  |  |  |   |   |   |   |   |   |
| ADDRESS  |  |  |  |   |   |   |   |   |   |
| TELEPHONE  |  |  |   |   |   |   |   |   |   |
| EMAIL |  |  |   |   |   |   |   |   |   |
| BILL TO |  |  |   |   |   |   |   |   |   |
| FULL NAME |  |  |   |   |   |   |   |   |   |
| ADDRESS  |  |  |   |   |   |   |   |   |   |
| ADDRESS  |  |  |   |   |   |   |   |   |   |
| ADDRESS  |  |  |   |   |   |   |   |   |   |
| TELEPHONE  |  |  |   |   |   |   |   |   |   |
| EMAIL |  |  |  |   |   |   |   |   |   |
| COMPANY NAME |  |  |  |   |   |   |   |   |   |
|  |  |  |   |   |   |   |   |   |   |
|  |  |  |   |   |   |   |   |   |   |
| *Please make check payable to* Your Company Name.*For questions concerning this invoice, please contact*Name, (321) 456-7890, Email Addresswww.yourwebaddress.com |  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |  |  |  |  | **TOTAL HOURS** |  | **SUBTOTAL** |
|  |  |  |  |  |  |  |  |
|  |  |  | Remarks / Instructions:  |  |  |  |  | Specify **OTHER** |   |
|  |  |  |  |  |  |  |  | specify **OTHER** |   |
| THANK YOU |  |  |  |  |  |  | **TOTAL DUE** |  |

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| --- |
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