DAYCARE INVOICE

Date: [Enter a Date]
Invoice # [100]

[Your Company Name]	To	[Name]	Venue:	[Name]
[Street Address]		[Company Name]		[Company Name]
[City, ST ZIP Code]		[Street Address]		[Street Address]
[Phone]		[City, ST ZIP Code]		[City, ST ZIP Code]
Fax [000.000.0000]		[Phone]		[Phone]
[e-mail]		Customer ID [ABC12345]		Customer ID [ABC12345]

Agent	Job	Time IN	Time OUT	Package	Payment Terms	Due Date
					Due on receipt	

Date	Time	Description	Price	Discount	Line Total

	Total Discount	
	Subtotal	
	Sales Tax	
	Total	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]

Thank you for your business!