# INVOICE

**[Your Business Name]**
[Street address]
[City, State ZIP]
[email@yourbusiness.com]
[(555) 555-0123]

BILL TO

**[Client Name]**
[Street address]
[City, State ZIP]
[client@email.com]
Child: [Child name]

| | |
|---|---|
| **Invoice number:** | INV-0001 |
| **Invoice date:** | 10/27/2026 |
| **Due date:** | 11/03/2026 |
| **Terms:** | Net 7 |
| **Care period:** | [Start] – [End] |

| ITEM | UNIT PRICE | QUANTITY | AMOUNT |
|---|---|---|---|
| Full-time care<br>Weekly tuition, Mon–Fri | $285.00 | 4 | **$1,140.00** |
| Meals and snacks<br>Per week | $25.00 | 4 | **$100.00** |
| Late pickup fee<br>[date], 20 minutes | $20.00 | 1 | **$20.00** |
| Annual registration fee | $75.00 | 1 | **$75.00** |

NOTES/MEMO

Provider: [Business or provider name], [address]. Taxpayer ID (EIN or SSN): [Tax ID]. Keep this invoice for your dependent care FSA claim or Form 2441.

| | |
|---|---|
| **Subtotal:** | $1,335.00 |
| **Amount due:** | **$1,335.00** |