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]

Invoice number:	INV-0001
Invoice date:	10/27/2026
Due date:	11/03/2026
Terms:	Net 7

SERVICE	UNIT PRICE	QUANTITY	AMOUNT
[Date]: after-school care Hours	$22.00	4	**$88.00**
[Date]: after-school care Hours	$22.00	4.5	**$99.00**
[Date]: evening Hours, after 10 pm	$26.00	2	**$52.00**
Mileage, school pickup Miles	$0.70	18	**$12.60**
Activities Museum tickets, receipts attached	$34.00	1	**$34.00**

NOTES/MEMO

Rate $22/hour for 2 children. After 10 pm, $26/hour. Activities reimbursed at cost, receipts attached.

Subtotal:	$285.60
Amount due:	**$285.60**