

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Invoice Number: \_\_\_\_\_

# BABYSITTING INVOICE

Babysitter	Client Details
Company	Name
Address	Address
City	City
State	State
Zip	Zip
Telephone	Telephone
Email	Email

Child Name	Age	Day Rate \$	Amount of Days	Payment Terms	Due Date

Date	Description	Price \$	Discount	Total
<b>Total Discount</b>				
<b>Sub Total</b>				
<b>Tax</b>				
<b>Total</b>				

***THANKS FOR YOUR VALUED BUSINESS***