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| BABY SITTING INVOICE | **[Baby SittingAgency Name]** |
|  |  |  |  |  |
| **Invoice Number:** |   |   | **[Agency Logo]** |
| **Prepared for:** |   |  |
| **Client Address:** |   |  |
| **Email:** |  |  |  |  |
| **Date:** |  |  |  |  |
|  |  |  |  |  |
| **Description** | **$/Hour** | **# of Hours** | **Amount** |
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|   |   |   | **SUBTOTAL** |  |
|   |   |   | **DISCOUNT** |  |
| **Terms & Conditions** |   |   | **(TAX RATE)** |  |
| Payment for the above will be received only via the online payment gateway. |   |   | **TAX** |  |
| This invoice is valid for 3 days from the date of issue. |  | **INVOICE TOTAL** |
|  |  |  |  |