|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BABY SITTING INVOICE | | **[Baby Sitting Agency Name]** | | | | |
|  | | |  |  |  |  |
| **Invoice Number:** |  |  | | | **[Agency Logo]** | |
| **Prepared for:** |  |  | | |
| **Client Address:** |  |  | | |
| **Email:** |  |  | | |  |  |
| **Date:** |  |  | | |  |  |
|  | | |  |  |  |  |
| **Description** | | **$/Hour** | | | **# of Hours** | **Amount** |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
|  | | |  |  |  |  |
|  | | |  |  | **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** | |
|  | | |  |  |  | |