

BABY SITTING INVOICE

[Baby Sitting Agency Name]

Invoice Number:	
Prepared for:	
Client Address:	
Email:	
Date:	9/3/2022

[Agency Logo]

Description	\$/Hour	# of Hours	Amount
First Item			
Second Item			
Third Item			

Terms & Conditions:

Payment for the above will be received only via the online payment gateway.

This invoice is valid for 3 days from the date of issue.

SUBTOTAL	
DISCOUNT	
(TAX RATE)	
TAX	
INVOICE TOTAL	