Name of Nursery

Address of Nursery

Ofsted Registration Number

To:

Parent name / Carer name

Address of Parent / Carer

 Date:

 Invoice number:

 For period commencing

 *01/09/10 to 30/09/10*

Invoice

Child’s name: ………………………………………………

Childs attendance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Times | Hours | Nr of weeks for invoice period | Total Hours |
| Mon |  |  |  |  |
| Tue |  |  |  |  |
| Wed |  |  |  |  |
| Thu |  |  |  |  |
| Fri |  |  |  |  |
|  |  |  |  |  |
| Total Hours for period: |  |  |  |
|  |  |  |  |  |
| Free Funded Hours for period: |  |  |  |
|  |  |  |  |  |
| Additional Hours: |  |  |  |
|  |  |  |  |  |
| Hourly rate for Additional Hours: |  |  |  |
|  |  |  |  |  |
| Sub Total: |  |  |  |
|  |  |  |  |  |
| Additional Services (meals/snacks): |  |  |  |
|  |  |  |  |  |
| Total Due: |  |  |  |