

OWN Name

TO: Name CHILD (or number according to own administration)
Attn. Mr. / Mrs. (contact person / parent)
Address details

Contact details
Child care organisatie

Invoice

Invoice number	Invoice date	Expire date	Contract number	Period (month/year)
XXXXX	DD-MM-YYYY	DD-MM-YYYY	XXX	XXX

DATE	DESCRIPTION (type of day care)	AMOUNT	RATE	TOTAL
		DAY PARTS		
DD-MM-YYYY	DAY CARE	20	249,00	249,00
DD-MM-YYYY	AFTER SCHOOL CARE	10	149,00	149,00

Remarks:

TOTAL EXCL. BTW/VAT	\$ 398,00
TOTAL BTW/VAT	X

Total amount payable \$ 398,00

Remarks & Conditions

We kindly request you to transfer the amount due within 30 days stating invoice number on the following bank account number xxx