

Template: 'Stretched Delivery' Invoice

Provider Name, Provider Address and Postcode Provider's Ofsted Unique Reference Number (URN): xxxxx Registered Company Number: xxxxxxxx Company's Registered Office: xxxxx

Parent's Details: Parent/carer name, Parent/carer Address and Postcode Child's Name: xxxx	Customer Ref: xxxx Invoice Date: dd/mm/yyyy Invoice Period: dd/mm/yyyy - dd/mm/yyyy Invoice Number: xxxxx
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Type of Attendance	Stretched
Number of weeks funded hours are delivered per annum	xx

Number of Funded Hours Claimed Per Week	xx hours	Number of Days Funded Hours are Taken Over Per Week	xx days
Number of Stretched Equivalent Hours Accessed Per Week	xx hours	Number of Stretched Equivalent Hours Accessed Per Day	xx hours

Dates Attended	Hours Attended		Total Hours
	From:	To:	
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
dd/mm/yyyy			
Total hours			xx

	Total hours / item per invoice period	Rate per hour / item	Total
Funded Hours (xx hours per week)		N/A	N/A
Agreed Additional Hours (xx hours per week)		£xx.xx	£xx.xx
Meals		£xx.xx	£xx.xx
Snacks		£xx.xx	£xx.xx
Non-food Consumables e.g. Nappies / wipes / suncream		£xx.xx	£xx.xx
Activities / Outings		£xx.xx	£xx.xx
	Total to Pay	£xx.xx	£xx.xx

Payment due: Payment methods: Payment to:	dd/mm/yyyy Childcare Vouchers, Tax Free Childcare, Bank transfer Name of Provider / Sort code: xxxx / Account: xxxx Please ensure your child's name is referenced on your payment
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Please contact the Nursery Manager by return if you have any questions about this invoice.