

Template: 'Term Time Delivery' Invoice

<p align="center">Provider Name, Provider Address and Postcode Provider's Ofsted Unique Reference Number (URN): xxxxx Registered Company Number: xxxxxxxx Company's Registered Office: xxxxx</p>

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: xxxx
---	---

Type of Attendance	Term-time (38 weeks)
---------------------------	----------------------

Number of Funded Hours Accessed Per Week	xx hours	Number of Days the Funded Hours are Taken Over Per Week	xx days
---	----------	--	---------

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 / items 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
--	---

Please contact the Nursery Manager by return if you have any questions about this invoice.