

# INVOICE & RECEIPT

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## INVOICE TO:

Educator name

Business name

ABN

Approved service (Coordination Unit) name

Approved service ABN

Payment details for child care are listed below

Period from - to (dd/mm/yy)

 - 

Name of child	Care Fees \$	Other Fee \$	Description	Ed Total Fee \$	Family Levy	CCS	Parent Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Balance from previous period

\$

Total fee payable for this period

\$

Total fee owing

\$

## RECEIPT NO:

Educator name

Date of payment

Received from (name of the person paying for child care)

Total amount received

\$

Payment Type

Credit

EFT

Cheque

Balance carried forward to next period

\$

Signature

This section below only be signed by the Educator upon payment of fees.

Date (dd/mm/yy)

Fees and charges are paid to the above named family day care service.