**INVOICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[COMPANY NAME]** |  |  | Invoice No: |  |
| [Address] |  |  | Invoice Date: |  |
| [Phone Number] |  |  | Due Date: |  |
| [Contact person] |  |  | PO No: |  |
| [Email] |  |  | Terms: | |
| **BILL TO:** | Departure  Date: |  | Pet info: | |
| [Address] |
| [Email] | Return Date: |  |
| [Phone Number] |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day of Week | Date | Services Provided | Time In | Time Out | Total Time  (Minutes) | Extra  Charges |
| Mondy |  |  |  |  |  |  |
|  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
|  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
|  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
|  |  |  |  |  |
| Friday |  |  |  |  |  |  |
|  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
|  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
|  |  |  |  |  |
| Notes/Comments: | | | Subtotal extra charges | |  | |
| Total Vists | |  | |
| Per-visit charge | |  | |
| Total visit Charges | |  | |
| Total charges | |  | |
| Discount | |  | |
| Deposit Paid | |  | |
| Payment Method: | | | **Total Due** | |  | |

*Thank you!*