

Invoice

Recipient:

PromiseNYC @NMIC
 45 Wadsworth Ave
 New York, NY 10033
 PromiseNYC@nmic.org

Invoice #:	
Invoice Issued Date:	
Payment Due Date:	

Child Care Provider Name		Child Care Provider Address	
Provider Tax ID	Provider Phone #	Provider Email	

Child Name	Child Birthdate	Parent/Guardian Name	Invoice Period		Amount Due
			Start Date	End Date	
1	__/__/__		__/__/23	__/__/23	\$
2	__/__/__		__/__/23	__/__/23	\$
3	__/__/__		__/__/23	__/__/23	\$
4	__/__/__		__/__/23	__/__/23	\$
5	__/__/__		__/__/23	__/__/23	\$
6	__/__/__		__/__/23	__/__/23	\$
TOTAL DUE:					\$

I attest that the child(ren) included on this invoice currently remain(s) in care and I anticipate they will remain in care through the end of the invoice period. If they exit care at any time, we will notify NMIC within 24 hours by calling 929-415-3999 or emailing PromiseNYC@nmic.org.

 Signature

 Name (printed)

 Date