

Rainbow Nursery Ofsted URN Address	Parent Name: Parent Address:
Invoice For: Child's Name: Child's Date of Birth:	Invoice period: Invoice Date: Invoice No:

Hours /service	Weekly No of hours /Item	Hourly rate/charge	Weekly charge	No of weeks	Annual No of Hours/Item	Annual charge
Total hours attending per week						
Free Funded hours per week	15/30	0	0	38	570/1140	0
Additional Chargeable hours per week term time						
Additional Chargeable hours school holidays						
Lunch (optional)						
Consumable (nappies/wipes)						
Additional service Classes						
Additional service Trip/Outing						
Total						

(Payment must be made in advance on either 4 weekly Monthly basis or termly of 14 weekly, 12 weekly, 12 weekly)

Payable To:

Account Name: Rainbow Nursery

Account Number:

Sort Code:

Reference: Child's Name