

INVOICE

FROM
Your business name
Address
Phone · email

BILL TO
Client name
Client address
Phone · email

INVOICE #

DATE

DUE DATE

CARE RECIPIENT

SERVICE PERIOD

LTC POLICY # / CLAIM #

CAREGIVER / CREDENTIALS

DESCRIPTION	QTY × RATE	AMOUNT
Shift: date, start–end, type of care (hours × day rate)		
Shift: date, start–end (hours × night / weekend rate)		
Overnight: sleeping / awake (flat or hourly)		
Holiday shift (rate × multiplier)		
Mileage / errands / supplies (receipts)		
Other		

NOTES & PAYMENT TERMS
Due within 7 days of the invoice date. Shifts are billed as scheduled unless cancelled 24 hours in advance. For long-term care insurance claims, this invoice lists the care recipient, dates, hours and type of care; caregiver credentials are available on request.

Subtotal

Tax

TOTAL DUE