

NANNY INVOICE

of Weekly Services Delivered

State law requires that all services rendered and notes indicated on this invoice will become a permanent part of the client's record and will be maintained on file as mandated.

Clients Name (Last, First) (Print)	Name of Nanny Providing Service	Social Security/EIN #
Nanny Address (If new or changed)	Nanny Professional Credentials (CNA, HHA)	Nanny Phone #

20__

Notes: _____

Day-Date:	M ___/___	T ___/___	W ___/___	TH ___/___	F ___/___	SA ___/___	SU ___/___
In:							
Out:							
Hours:							
Miles:							

ASSISTANCE PROVIDED WITH HANDS-ON CARE AS DIRECTED BY CLIENT

Vitals							
Tub bath/Shower/Bed/Sink (Self / Asst / Total)							
Shampoo Hair							
Brush / Comb Hair							
Shave Client							
Mouth care							
Dressing (Self / Asst / Total)							
Bowel: Normal (N) Diarrhea (D) Constipation (C)							
Incontinent Care Diapers (# of changes)							
Toileting (Bowel, Urine)							
Remind Medications							
Turning / Positioning / Transf (Self / Asst / Total)							
ROM / Assist w/Exercise							
Ambulation (Self or Assist)							
Uses Cane / Walker / Crutch / Wheelchair							
Bedrest							
Feed Client (Self, Assist, Total)							
Liquid & Food Intake (Good, Fair, Poor)							
Appearance or behavior changes							

ASSISTANCE PROVIDED WITH HOUSEHOLD DUTIES AS DIRECTED BY CLIENT

Bed Made (M) Changed (C)							
Prepare / Serve Meal (Breakfast, Lunch, Dinner)							
Grocery Shopping / Errand							
Light Cleaning / Vacuuming Client Area							
Laundry for Client							
Transportation (Where?) Dr. P.T.							

PAYMENT Number of Hours/Days Worked, Miles Driven	RATE	TOTAL DUE NANNY
Hours/Days = _____ X Nanny Rate \$ _____ = \$ _____		
1½ Hours/Days = _____ X Nanny Rate \$ _____ = \$ _____		TOTAL DUE
Total Miles = _____ X Mileage Rate \$ _____ + \$ _____ = \$ _____		

Client Weekly Signature _____ Date: _____
 Nanny Weekly Signature _____ Date: _____

It is acknowledged that all services delivered, hours worked and times set forth above are true and correct.

By my signature, I (Client) affirm that I have contracted with the above Nanny, hereby certify that said Nanny provided all services noted above satisfactorily, and agree that the total amount owed for the services that Nanny provided, as reflected on this invoice, is correct. I hereby reaffirm my unconditional obligation to pay such total amount, without regard to whether I have designated a third-party payor.

By my signature, I (Nanny) hereby ratify and reaffirm my acceptance of the terms and conditions of that certain Client Offer I received from the Client noted above, as amended by Client and me (if applicable), and confirm that the services reflected on this invoice that I performed for the Client were performed pursuant to the terms and conditions of such Client Offer.