 **Lullabye Services**

 *License # DCA 1370727*

 *PO BOX 3462 Mount Vernon NY 10550*

 *Employment Agency*

 *Tel: (914) 882-6641*

**Invoice**

**Client's Name**:

**Client's Address**:

**Telephone**:

**Due Date**:

**Start Date**:

**Rate**:

**Payment Method:**

**Hours:**

**Name**:

**Address**

**Telephone**:

**Registered Since:**

**Meal Provided**:

**Transportation Provided:**

**Payment for Lullabye Services:**

**Client:**

**Date:**

**Thank you for using Lullabye Services. We hope you enjoy using our services if for some reason the baby nurse selected is not a match please feel free to call us. We will send someone else.**

**Josephine Chrouch**