

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]

## INVOICE

**Invoice #:** [00000]  
**Date:** [MM/DD/YYYY]

### BILL TO

**[Client Name]**  
[Client Email]  
[Client Phone]

### CANCELLATION SUMMARY

**Booking ID:** [Ref Number]  
**Scheduled Date:** [MM/DD/YYYY]  
**Cancellation Date:** [MM/DD/YYYY]

Description	Original Price	Fee %	Amount Kept
Late Cancellation Fee - [Service Name]	[\$[0.00]]	[0]%	[\$[0.00]]

Original Total Paid: \$[0.00]  
Cancellation Fee: - \$[0.00]  
Refund Amount: \$[0.00]

*Note: Per the cancellation policy, a [0]% fee was applied due to cancellation within [00] hours of the scheduled appointment. The partial refund will be credited to the original payment method within 5-10 business days.*