[SPA NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Date: _____
Invoice #: _____

Client Details:

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

Service Provider:

[Practitioner Name]

SERVICE/PRODUCT DESCRIPTION	DURATION/QTY	RATE	TOTAL

Subtotal: $ _____
Gratuity: $ _____
Tax: $ _____

Total Amount: $ _____

Thank you for choosing [Spa Name] for your wellness journey.

Cancellation Policy: 24-hour notice required for all appointments.