NAIL STUDIO

[Salon Address Line 1]
[Phone Number]
[Website/Email]

INVOICE

Date: _____
Invoice #: _____

Client:

Name: _____
Phone: _____

Technician:

_____

Service Description	Qty	Price	Total
Manicure (Basic/Gel/Acrylic)	____	$____	$____
Pedicure (Basic/Spa/Deluxe)	____	$____	$____
Nail Art / Removal / Repair	____	$____	$____
Add-on Services (Paraffin/Massage)	____	$____	$____

Subtotal: $_____

Tax: $_____

Gratuity: $_____

Grand Total: $_____

Payment Method: [ ] Cash [ ] Card [ ] Other: _____

Notes: _____

Thank you for visiting! Please come again.