[SPA NAME]

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

INVOICE

Date: [MM/DD/YYYY]
Invoice #: [00001]

BILL TO:

[Client Name]
[Client Phone/Email]

THERAPIST:

[Practitioner Name]

SERVICE DESCRIPTION	DURATION	PRICE	TOTAL
[Treatment Name - e.g., Deep Tissue Massage]	[60 Min]	$0.00	$0.00
[Treatment Name - e.g., Rejuvenating Facial]	[45 Min]	$0.00	$0.00
[Add-on - e.g., Aromatherapy Oil]	-	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Gratuity: $0.00

Total: $0.00

Payment Terms: Due upon receipt. We accept Cash, Credit Card, and Gift Certificates.

Notes: [Thank you for choosing our spa for your wellness journey.]