INVOICE

[Studio Name]
[Address Line 1]
[Phone Number]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

CLIENT INFORMATION

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

PROVIDER

[Esthetician Name]
[License Number]

Treatment / Product	Qty/Duration	Rate	Total
[Treatment Name - e.g., Hydrafacial]	[60 Min]	$0.00	$0.00
[Add-on - e.g., LED Light Therapy]	[1]	$0.00	$0.00
[Skincare Product Name]	[1]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Amount: $0.00

Thank you for choosing [Studio Name] for your skincare needs.

Payment Methods Accepted: [Cash, Credit, Venmo]