

# INVOICE

ACT Coaching Services

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## COACH DETAILS

[Coach Name]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

## CLIENT DETAILS

[Client Name]  
[Organization/Title]  
[Address Line 1]  
[City, State, Zip]

| DESCRIPTION OF SERVICES              | HOURS/QTY | RATE | AMOUNT |
|--------------------------------------|-----------|------|--------|
| ACT Individual Coaching Session      |           |      |        |
| Psychological Flexibility Assessment |           |      |        |
| Guided Mindfulness/Values Workshop   |           |      |        |

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| DESCRIPTION OF SERVICES | HOURS/QTY | RATE | AMOUNT |
|-------------------------|-----------|------|--------|
|-------------------------|-----------|------|--------|

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Balance Due: \$ \_\_\_\_\_**

**Payment Terms:** Due within [X] days of invoice date.

**Payment Method:** [Bank Transfer / PayPal / Credit Card Details]

*Thank you for your commitment to values-based living and psychological growth.*