

INVOICE

Retreat Coordinator: [Organization Name]
[Address Line 1]
[City, Country, Zip]

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

Bill To:

[Client Name / Organization]
[Client Address]
[Client Email / Phone]

Retreat Details:

Destination: [City, Country]
Dates: [Start] - [End]
Guest Count: [00]

Description of Services	Units / Hours	Rate	Total
Coordination & Logistics Fee (Venue, Transport, Scheduling)	[Qty]	[0.00]	[0.00]
Wellness Professional Fees (Instructors, Guides, Speakers)	[Qty]	[0.00]	[0.00]

Description of Services	Units / Hours	Rate	Total
Catering & Nutritional Planning (International Standards)	[Qty]	[0.00]	[0.00]
Administrative & International Processing Fees	[Qty]	[0.00]	[0.00]
			Subtotal: [0.00]
			Tax / VAT: [0.00]
			Grand Total: [0.00] [Currency Code]

Payment Instructions: [Bank Name] | **SWIFT/BIC:** [Code] | **IBAN:** [Number]

Thank you for your partnership in facilitating global wellness.