

# WEEKEND WELLNESS RETREAT

Invoice No: \_\_\_\_\_

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

**Retreat Planning Co.**  
123 Serenity Lane  
Wellness Valley, CA 90210

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## Bill To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Retreat Details:

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Guest Count: \_\_\_\_\_

Description	Quantity/Hours	Unit Price	Total
Venue Booking & Coordination			
Catering & Nutritional Planning			
Yoga & Meditation Instructors			
Workshop Materials & Guest Kits			

Description	Quantity/Hours	Unit Price	Total
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Administrative Planning Fee

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

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

Amount Due: \$ \_\_\_\_\_

Thank you for choosing us to curate your wellness journey.

Payment Terms: Net 30. Please make checks payable to "Retreat Planning Co."