

WELLNESS RETREAT CO.

INVOICE

#INV-0000

Billed To:

Group Name/Organization

Contact Person Name

Street Address

City, State, Zip

Date: Month DD, YYYY

Due Date: Month DD, YYYY

Retreat Dates: Start Date - End Date

DESCRIPTION OF SERVICES	QTY/GUESTS	RATE	AMOUNT
All-Inclusive Retreat Package (Accommodations & Meals)	0	\$0.00	\$0.00
Private Yoga & Meditation Sessions	0	\$0.00	\$0.00
Wellness Workshops & Guest Speakers	0	\$0.00	\$0.00
Spa Treatments & Amenities Access	0	\$0.00	\$0.00

Subtotal: \$0.00

Tax/Service Charge: \$0.00

Deposit Paid: (\$0.00)

Total Balance Due: \$0.00

Payment Instructions:

Please make checks payable to Wellness Retreat Co. or pay via bank transfer to Acc: 00000000. Cancellations made within 30 days of the retreat are subject to a 50% fee.

Thank you for choosing us for your group's wellness journey.