

INVOICE

[Facilitator Name/Business]

[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:

[Retreat Name/Organization]
[Contact Person]
[Address Line 1]
[Address Line 2]

Retreat Details:

Event: [Name of Workshop/Retreat]
Location: [Venue Name]
Dates: [Start Date] - [End Date]

Service Description	Quantity / Hours	Rate	Amount
[Workshop Facilitation: e.g., Guided Meditation]	[0]	[\$[0.00]]	[\$[0.00]]
[Course Materials / Handouts]	[0]	[\$[0.00]]	[\$[0.00]]

Service Description	Quantity / Hours	Rate	Amount
[Travel / Lodging Expenses]	[0]	[\$[0.00]	[\$[0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Balance Due: \$[0.00]

Payment Instructions:

[Bank Name / PayPal / Venmo]

[Account Number or ID]

[Notes/Terms]

Thank you for the opportunity to facilitate at your wellness retreat.