

# SPA RESORT & WELLNESS

123 Serenity Way, Coastal Valley  
contact@sparesort.com | (555) 0123

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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### GUEST INFORMATION

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Name: \_\_\_\_\_  
Room: \_\_\_\_\_  
Email: \_\_\_\_\_

### TREATMENT DETAILS

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Therapist: \_\_\_\_\_  
Station: \_\_\_\_\_  
Check-in: \_\_\_\_\_

Treatment / Service	Duration	Price
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Subtotal \$ \_\_\_\_\_

Service Charge ( \_\_\_ %) \$ \_\_\_\_\_

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

Total \$ \_\_\_\_\_

Thank you for choosing our wellness sanctuary.

Terms: Payment due upon completion of services. All prices in USD.