

INVOICE

Wellness Program Services

Invoice #: [0000]

Date: [MM/DD/YYYY]

Billing Cycle: [Monthly/Quarterly]

Provider:

[Wellness Company Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

Bill To:

[Corporate Client Name]

[Department/Attn]

[Address Line 1]

[City, State, Zip]

Description	Rate/Employee	Qty (Headcount)	Amount
Corporate Wellness Membership Fee	\$0.00	0	\$0.00
On-site Health Coaching Sessions	\$0.00	0	\$0.00
Digital Platform & App Access	\$0.00	0	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Terms: Net 30. Please make checks payable to [Wellness Company Name].

Thank you for investing in your employees' health and productivity.