

# [STUDIO NAME]

[Address Line 1]  
[City, State, Zip]  
[Phone Number]

## INVOICE

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

---

### BILL TO

[Client Name]  
[Client Email]  
[Client Phone]

### INSTRUCTOR / STUDIO REF

[Instructor Name]  
Session Package: [Name]

Date	Session Type (Mat/Reformer/Private)	Duration	Rate	Amount
------	-------------------------------------	----------	------	--------

---

---

---

---

---

Subtotal: \$0.00  
Tax: \$0.00  
Total Due: \$0.00

Payment due within [X] days. Please make checks payable to [Studio Name].  
Thank you for choosing our studio for your Pilates practice.