

INVOICE

Wellness Coaching Services

Invoice #: _____

Date: _____

Coach Information:

[Name / Business Name]

[Address Line 1]

[City, State, Zip]

[Email / Phone]

Bill To:

[Client Name]

[Client Address]

[Client Email]

SERVICE DESCRIPTION	SESSION DATE	DURATION	AMOUNT
Initial Wellness Consultation			\$ 0.00
Follow-up Coaching Session			\$ 0.00
Personalized Action Plan	-	-	\$ 0.00
Subtotal:			\$ 0.00

Total: \$ 0.00

Payment Instructions:

Please make payment via [Bank Transfer/PayPal/Check].
Payment is due within [X] days of invoice date.

Thank you for prioritizing your wellness.