INVOICE

Coach Name/Business
123 Wellness Way
City, State, Zip
Email@example.com

Date: _____
Invoice #: _____
Due Date: _____

BILL TO:

Client Name
Client Address
Client City, State, Zip
Client Email

Description of Services	Date	Hours/Qty	Rate	Amount
Initial Wellness Consultation				
Follow-up Coaching Session				
Customized Nutrition Plan				

Subtotal: $0.00
Tax: $0.00
Total: $0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to **[Business Name]** or pay via **[Payment Platform Link/Method]**. Thank you for choosing to invest in your well-being.

Thank you for your business!