[Wellness Provider Name]

INVOICE

#INV-0000

BILL TO:

[Client Company Name]
[Street Address]
[City, State, Zip]
[Contact Email]

DATE ISSUED:

[Month DD, YYYY]

BILLING PERIOD:

[Start Date] - [End Date]

Description	Qty/Users	Rate	Amount
Corporate Wellness Subscription - [Tier Name]	[0]	$[0.00]	$[0.00]
On-site Workshop: [Topic Name]	[0]	$[0.00]	$[0.00]
Health Coaching Credits (Add-on)	[0]	$[0.00]	$[0.00]

Subtotal $[0.00]
Tax (0%) $[0.00]
Total Due $[0.00]

PAYMENT TERMS

Net 30. Please make checks payable to **[Wellness Provider Name]** or pay via ACH using account details provided in the portal.

Thank you for investing in your team's wellbeing.