INVOICE

[Consultant Name/Business]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Client Email]

Service Description	Date	Rate/Price	Amount
Holistic Wellness Consultation	[Date]	$0.00	$0.00
Follow-up Session / Coaching	[Date]	$0.00	$0.00
Custom Wellness Plan / Resources	-	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Instructions: [Bank Transfer / PayPal / Other]

Thank you for choosing holistic wellness. Wishing you health and balance.