INVOICE

[Instructor Name/Organization]
[Street Address]
[City, State, Zip]
[Email/Phone]

Date: [Date]
Invoice #: [0000]
Period: [Month, Year]

Bill To:

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

Payment Info:

Due Date: [Date]
Method: [Bank Transfer/Check/Online]

Service Description	Date/Qty	Rate	Amount
Group Mindfulness Session	[Qty]	$[0.00]	$[0.00]
Private Guided Meditation	[Qty]	$[0.00]	$[0.00]
Monthly Program Retainer	[1]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

Thank you for your presence and practice.

Notes: [Payment terms or late fee policy]