

# INVOICE

**[Practitioner Name / Business Name]**

[Street Address]

[City, State, Zip]

[Email/Phone]

**Invoice #:** [000]

**Date:** [Date]

**Due Date:** [Date]

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**Bill To:**

[Client Name]

[Client Address]

[Client Email]

Service Description	Date of Service	Duration	Rate	Amount
[e.g., Reiki Session / Chakra Balancing]	[Date]	[60 Min]	\$0.00	\$0.00
[e.g., Distance Healing]	[Date]	[30 Min]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Due: \$0.00**

**Payment Instructions:**

[Bank Transfer Info / PayPal / Venmo / Check Details]

*Thank you for allowing me to support your wellness journey.*