

INVOICE

Holistic Wellness Consultant

Date: [Date]

Invoice #: [000]

CONSULTANT

[Your Name / Business]

[Address]

[Email / Phone]

CLIENT

[Client Name]

[Client Address]

[Client Email]

Description of Service	Hours/Qty	Rate	Total
Initial Wellness Consultation			
Follow-up Nutritional Session			
Guided Mindfulness/Meditation			
Customized Wellness Plan			

Subtotal: \$0.00

Tax (if applicable): \$0.00

Amount Due: \$0.00

Payment is due within [Number] days. Thank you for choosing holistic health.

Payment Methods: [Zelle, PayPal, Check, etc.]