

[REIKI MASTER NAME]

[Business Address]

[City, State, Zip]

[Email / Phone]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

[Client Name]

[Client Address]

[Client Phone/Email]

PAYMENT INSTRUCTIONS

Payable via: [PayPal/Venmo/Bank]

Account: [Details]

SERVICE DESCRIPTION	DURATION	RATE	AMOUNT
Reiki Healing Session	_____ min	\$_____	\$_____
Distance Healing / Consultation	_____ min	\$_____	\$_____
Chakra Balancing / Aromatherapy Add-on	-	\$_____	\$_____

Subtotal: \$_____

Tax: \$_____

Total: \$_____

Thank you for choosing a path of healing and balance.

