

# Therapeutic Massage

[Practitioner Name]

[Business Address]

[Phone Number]

[Email Address]

## INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### BILL TO:

[Client Name]

[Client Address]

[Client Phone]

Service Date	Description of Service	Duration	Rate	Amount

**Subtotal: \$** \_\_\_\_\_

**Tax: \$** \_\_\_\_\_

**Total Due: \$** \_\_\_\_\_

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**Payment Instructions:** [e.g., Payable via Cash, Credit, or Bank Transfer]

**Notes:** Thank you for choosing therapeutic massage for your wellness. Please provide 24 hours notice for cancellations.