HOLISTIC WELLNESS CENTER

123 Serenity Lane, Wellness City
Phone: (555) 012-3456
Email: hello@wellnesscenter.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Name: _____
Address: _____
Phone: _____

PAYMENT STATUS:

Method: _____
Due Date: _____

Service Description	Practitioner	Qty/Hrs	Rate	Amount

Subtotal: $ _____
Tax/VAT: $ _____

TOTAL DUE: $ _____

Thank you for choosing Holistic Wellness Center for your journey to health.

Terms: Please remit payment within 15 days of invoice date.