Integrative Wellness Center

123 Healing Way, Suite 100
Portland, OR 97201
contact@wellnesscenter.com

INVOICE

Invoice #: [00000]
Date: [Month Day, Year]
Billing Period: [Month, Year]

Bill To:
[Client Name]
[Client Address]
[Phone/Email]

Date	Service Description	Practitioner	Amount
[00/00]	[Service Name]	[Name]	$0.00
[00/00]	[Service Name]	[Name]	$0.00
[00/00]	[Service Name]	[Name]	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment is due within 15 days of invoice date.
Thank you for choosing Integrative Wellness Center for your health journey.