WELLNESS CENTER

123 Serenity Lane
City, State, ZIP
Phone: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

THERAPIST DETAILS

Therapist: _____
License #: _____
Session Type: _____

Description of Service	Duration	Rate	Amount
Therapeutic Massage Session	_____ min	$_____	$_____
Add-on (Aromatherapy/Hot Stone)	-	$_____	$_____

Description of Service	Duration	Rate	Amount

Subtotal $_____
Tax $_____
TOTAL $_____

Thank you for choosing Wellness Center for your healing journey.

Payment is due upon receipt of services.