INVOICE

Business Name:
Phone:

Date:
Invoice #:

Billed To:
Name:
Address:
Appointment Details:
Date:
Technician:

Description of Service	Price
Routine Pedicure / Foot Care	$
Fingernail Trim / Manicure	$
Callus Treatment	$
Travel Fee / Other	$

Subtotal: $_____

Tax: $_____

Total Amount: $_____

Payment Method: [ ] Cash [ ] Check [ ] Card [ ] Other

Notes: _____

Thank you for your business!