SPA NAME

123 Wellness Way
Serenity City, ST 12345
contact@spaname.com

INVOICE

No: _____
Date: _____

BILL TO:

_____
_____
_____

PRODUCT DESCRIPTION	QTY	UNIT PRICE	TOTAL

PRODUCT DESCRIPTION	QTY	UNIT PRICE	TOTAL

Subtotal: $_____
Tax: $_____

Total Amount: $_____

Thank you for choosing us for your wellness journey.

All retail returns must be accompanied by this receipt within 14 days.