

WELLNESS CONSULTANT

123 Serenity Lane
Health City, ST 12345
email@wellness.com

INVOICE

Invoice #: 0000
Date: [Date]
Due Date: [Date]

Bill To:

[Client Name]
[Client Address]
[Client Email]

Description	Quantity/Hours	Rate	Amount
Nutritional Consultation	0.0	\$0.00	\$0.00
Personalized Wellness Plan	0.0	\$0.00	\$0.00
Follow-up Session	0.0	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Payment Instructions:

Please make checks payable to [Business Name] or pay via [Preferred Payment Method]. Thank you for prioritizing your health.