

# [Yoga Instructor Name]

[Business Address]

[Phone Number]

[Email/Website]

## INVOICE

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### BILL TO

[Client Name]

[Client Address]

[Client Email]

**Invoice #:** [0000]

**Date:** [Date]

**Due Date:** [Date]

DESCRIPTION	DATE / SESSION	RATE	AMOUNT
Private Yoga Session - [Type]	[Date]	\$0.00	\$0.00
Group Class Instruction	[Date]	\$0.00	\$0.00
Travel Fee / Equipment Rental	-	\$0.00	\$0.00

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Subtotal: \$0.00

Tax: \$0.00

**Total Due: \$0.00**

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**Payment Instructions:**

Please make checks payable to [Name] or pay via [Payment Platform Handle].

*Namaste. Thank you for your practice.*