INVOICE

Ashtanga Yoga Instruction

INVOICE NUMBER [0000]
DATE [Date]

INSTRUCTOR INFORMATION [Name/Studio Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]
BILL TO [Student Name]
[Student Address]
[Contact Information]

DESCRIPTION (MYSORE / LED / PRIVATE)	QTY/HOURS	RATE	AMOUNT
[Service Name/Session Date]	[0]	$0.00	$0.00
[Service Name/Session Date]	[0]	$0.00	$0.00

Subtotal: $0.00

Total Amount Due: $0.00

PAYMENT INSTRUCTIONS

Please complete payment via [Bank Transfer/Venmo/Cash].
Thank you for your practice. Namaste.