INVOICE

[Instructor Name/Studio]
[Address Line 1]
[Email / Phone]

Invoice #: [001]
Date: [Date]
Due Date: [Date]

BILL TO

[Corporate Client Name]
[Department/Contact Person]
[Company Address]

PAYMENT INSTRUCTIONS

[Bank Name]
[Account Number / IBAN]
[PayPal/Venmo ID]

Description / Session Type	Date	Rate	Amount
[e.g., Vinyasa Yoga - 60 Min Session]	[MM/DD]	$0.00	$0.00
[e.g., Chair Yoga Workshop]	[MM/DD]	$0.00	$0.00
[e.g., Guided Meditation Series]	[MM/DD]	$0.00	$0.00

Subtotal $0.00
Tax (0%) $0.00
Total Due $0.00

Notes: Thank you for investing in employee wellness. Please make checks payable to [Your Name].