HATHA YOGA INSTRUCTION

Invoice # [000]

[Instructor Name]
[Street Address]
[City, State, Zip]
[Email / Phone]

Bill To:
[Client Name]
[Client Address]
[City, State, Zip]

Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Description	Date	Rate	Amount
Private Hatha Yoga Session ([60/90] min)	[Date]	$0.00	$0.00
Group Instruction / Workshop	[Date]	$0.00	$0.00
Yoga Mat Rental / Supplies	-	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Balance Due: $0.00

Payment Terms: [e.g., Net 15 / Due on Receipt]

Accepted Payment Methods: [Zelle, Venmo, Check, Cash]

Namaste. Thank you for your practice.