INVOICE

[Yoga Instructor Name]
[Professional Certification/Studio]

Invoice #: _____
Date: _____

INSTRUCTOR DETAILS

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email Address]

BILL TO

[Client Name]
[Client Address]
[Client Phone]

Date of Session	Yoga Style / Description	Duration	Rate	Amount

Subtotal: $_____
Discount: $_____
Total: $_____

Payment Instructions: [e.g. Venmo, PayPal, or Bank Transfer Info]

Thank you for your practice. Namaste.