YOGA INVOICE

[Instructor Name]
[Phone Number]
[Email Address]

Invoice #: [000]
Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Client Email]

PAYMENT INFO

Due Date: [Date]
Method: [Venmo/Zelle/Bank]

Description of Session	Date	Duration	Rate	Amount
Private Yoga Instruction	[Date]	[60/90] Min	$0.00	$0.00
Private Yoga Instruction	[Date]	[60/90] Min	$0.00	$0.00

Subtotal: $0.00
Balance Due: $0.00

Namaste. Thank you for your practice.

[Website or Social Media Handle]