INVOICE

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

Invoice #: [000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Address]
[Client Phone]

Session Details:
Type: Prenatal Yoga
Instructor: [Name]
Location: [Studio/Private]

Description	Date	Rate	Amount
Prenatal Yoga Session - [Duration]	[Date]	$[0.00]	$[0.00]
[Additional Item/Equipment Rental]	-	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Amount Due: $[0.00]

Payment Instructions: [Venmo/Zelle/Bank Transfer Details]

Thank you for choosing prenatal yoga to support your journey.