YOGA INVOICE

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

Invoice #: [000]
Date: [Date]

BILL TO:

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

DATE	DESCRIPTION / SESSION TYPE	DURATION	RATE	AMOUNT
[Date]	Private Yoga Session	[60 min]	$0.00	$0.00
[Date]	Private Yoga Session	[60 min]	$0.00	$0.00

Subtotal: $0.00
Discount/Package Credit: -$0.00
Total Due: $0.00

Payment Instructions:
Please make payment via [Venmo/Zelle/PayPal/Check] to [Account Info].
Thank you for your practice.