INVOICE

[Your Name/Yoga Practice]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

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

Bill To:

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

SERVICE DESCRIPTION	DATE	RATE	AMOUNT
[Yoga Therapy Session - 60 Min]	[MM/DD]	$0.00	$0.00
[Customized Home Practice Plan]	[MM/DD]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:
Please include invoice number with payment.
Accepted: [Venmo/Zelle/Check/Bank Transfer]

Namaste. Thank you for the opportunity to support your wellness journey.