INVOICE

Yoga Studio / Instructor Name
Street Address
City, State, Zip
Email / Phone

Invoice #: _____
Date: _____

Client Info:

Name: _____
Address: _____
Phone: _____

Payment Due:
Upon Receipt

Description	Date of Session	Duration	Rate	Amount
Restorative Yoga Private Session				
Travel/Prop Rental (Optional)				
			Subtotal	

Description	Date of Session	Duration	Rate	Amount
			Total Balance Due	**$**

Payment Instructions:

Please make checks payable to _____ or
Pay via (Venmo/PayPal/Zelle): _____

"Nature does not hurry, yet everything is accomplished." - Thank you for practicing with me.