INVOICE

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

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

Bill To:

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

Description	Quantity/Hours	Rate	Amount
Private Yoga Instruction	[0]	$[0.00]	$[0.00]
Wellness Consultation Session	[0]	$[0.00]	$[0.00]
Workshop / Group Class	[0]	$[0.00]	$[0.00]

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

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

Thank you for your practice and commitment to wellness.