YOGA PRACTICE INVOICE

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

INVOICE NUMBER
#00000
DATE
[Date]

BILL TO **[Client Name]**
[Client Address]
[Client Email]
SESSION DETAILS **Yoga Style:** [e.g. Vinyasa, Hatha]
Location: [Studio/Home/Online]

Description	Date	Duration	Rate	Amount
Yoga Practice Session	[MM/DD/YY]	60 min	$0.00	$0.00
Yoga Practice Session	[MM/DD/YY]	60 min	$0.00	$0.00

Subtotal: $0.00

Total Balance Due: $0.00

Payment due within [X] days. Thank you for practicing with us.

Namaste.