YOGA WORKSHOP

[Studio Name]
[Street Address]
[City, State, Zip]

INVOICE
[0000]
Date: [Date]

BILLED TO

[Client Name]
[Client Email]
[Client Phone]

WORKSHOP DETAILS

Title: [Workshop Name]
Instructor: [Name]
Location: [Room/Online]

Session Description	Date/Time	Rate	Amount
[Session Title 1]	[MM/DD/YYYY]	$[0.00]	$[0.00]
[Session Title 2]	[MM/DD/YYYY]	$[0.00]	$[0.00]
[Materials/Prop Fee]	-	$[0.00]	$[0.00]

Subtotal $[0.00]
Discount -$[0.00]
Total Due $[0.00]

Payment Terms: [Net 30/Due on Receipt]
Please make checks payable to [Studio Name] or pay via [Digital Link].
Namaste.