INVOICE

Invoice #: [000]
Date: [Date]

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

BILL TO:
[Client Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

PAYMENT TERMS:
Due upon receipt / Net 30

Description of Wellness Services	Qty/Hours	Rate	Amount
[e.g., Corporate Yoga Workshop - 60 min]	[0.00]	$0.00	$0.00
[e.g., Nutrition & Stress Management Seminar]	[0.00]	$0.00	$0.00
[e.g., Individual Employee Health Coaching Sessions]	[0.00]	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS:
Bank Name: [Name]
Account Name: [Name]

Account Number / IBAN: [Number]
Routing / SWIFT: [Code]

Notes: Thank you for investing in your team's well-being.