[Nutrition Practice Name]

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: [000]
Date: [Date]

Bill To:

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

Service Description	Qty/Hrs	Rate	Amount
Initial Nutritional Assessment	[0]	$[0.00]	$[0.00]
Follow-up Coaching Session	[0]	$[0.00]	$[0.00]
Custom Meal Plan Development	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

Payment Instructions:
Please remit payment via [Payment Method] to [Account Info/Email].
Payment is due within [Number] days.

Thank you for choosing [Practice Name] for your health journey.