INVOICE

[Consultant Name/Business Name]

[Address Line 1]
[Address Line 2]
[Phone Number]

Invoice #: [0000]

Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

PAYMENT DUE:

[MM/DD/YYYY]

Description of Services	Qty/Hrs	Rate	Amount
Initial Consultation / Assessment		$	$
Custom Nutrition & Meal Planning		$	$
Weekly Follow-up Sessions		$	$
Supplements / Materials		$	$

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:

Please make checks payable to: [Business Name]

Electronic Payment (Zelle/Venmo/PayPal): [ID or Email Address]

Thank you for choosing us to assist you on your wellness journey!