NUTRITION COUNSELING INVOICE

PRACTICE

Business name _____

Address _____

Phone / email _____

Dietitian _____

License or credential no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Service period _____

BILL TO (CLIENT)

Client name _____ Email _____

Address _____

SESSIONS

Item	Details	Qty	Unit	Rate	Amount

Sessions subtotal

MEAL PLANS

Item	Details	Qty	Unit	Rate	Amount

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Total	
Less: package credit	
Amount due	

BILLING NOTES

_____

_____

Please quote the invoice number with your payment.