DOULA SERVICES INVOICE

DOULA

Business name _____

Address _____

Phone / email _____

Doula _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Agreement _____

BILL TO (CLIENT)

Client name _____ Email _____

Address _____

PACKAGE

Item	Details	Qty	Unit	Rate	Amount

ADD-ONS

Item	Details	Qty	Unit	Rate	Amount

Add-ons subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal	
Total	
Less: deposit received	
Amount due	

BILLING NOTES

_____

_____

Please quote the invoice number with your payment.