MASSAGE THERAPY INVOICE

THERAPIST

Business name _____

Address _____

Phone / email _____

License no. _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

BILL TO

Client name _____ Phone / email _____

Address _____

SESSIONS

Date	Modality	Duration	Qty	Rate	Amount

Sessions subtotal

PACKAGES

Date	Package	Sessions	Qty	Price	Amount

Packages subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Total

Less: gift certificate redeemed

Amount due

NOTES

_____

_____

Thank you. Please quote the invoice number with your payment.