YOGA TEACHING INVOICE

TEACHER

Name _____

Address _____

Phone / email _____

Tax ID _____

INVOICE DETAILS

Invoice no. _____

Invoice date _____

Teaching period _____

Payment terms _____

Due date _____

BILL TO

Studio _____ Contact _____

Address _____

Email _____

CLASSES TAUGHT

Date	Class	Duration	Qty	Rate	Amount

Classes subtotal

PRIVATE SESSIONS

Date	Session	Duration	Qty	Rate	Amount

Private sessions subtotal

HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

Subtotal

Sales tax, if applicable (_____%)

Amount due

NOTES

_____

_____

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