Massage Therapy Invoice

Business name: _____ Business address: _____

Phone number: _____ Email address/website: _____

INVOICE DETAILS

Invoice date: _____ dd / mm / yyyy Invoice no.: _____

BILL TO

Client's name: _____ Client's address: _____

Email address: _____ Phone number: _____

SERVICE CHARGES

Date: _____ dd / mm / yyyy

Description:

Hours: _____ Rate/hour: _____

Amount: _____ Subtotal: _____

Tax (if applicable): _____ Adjustments/discounts: _____

Total: _____

PAYMENT INSTRUCTIONS

Please make all checks payable to: _____ Bank name: _____

Account number: _____

Other essential bank information:

Other payment methods:

PAYMENT TERMS AND DUE DATE

Specify number of days: