

Massage Therapy Invoice

Invoice details				
Invoice date:		Invoice no.:		
Billed to				
Client's name:				
Client's address:				
Email address:		Phone number:		
Service charges				
Date	Description	Hours	Rate/hour	Amount
			Subtotal	
			Tax (if applicable)	
			Adjustments/discounts	
			Total	
Payment instructions				
Please make all checks payable to:				
For electronic payments, use the following details:				
Bank name:		Account number:		
Other essential bank information:		Other payment methods:		
Payment terms and due date				
Please make payment within _____ days of receiving this invoice. Late payments may incur additional fees. Thank you for your prompt payment.				