

# Therapy Invoice

Date:

Invoice no.:

Due date:

Billed to:

| Service charges |             |             |              |        |
|-----------------|-------------|-------------|--------------|--------|
| Date            | Description | Hours       | Rate (\$/hr) | Amount |
|                 |             |             |              |        |
|                 |             |             |              |        |
|                 |             |             |              |        |
|                 |             |             |              |        |
|                 |             | Subtotal    |              |        |
|                 |             | Tax         |              |        |
|                 |             | Adjustments |              |        |
|                 |             | Total       |              |        |
| Payment methods |             |             |              |        |
|                 |             |             |              |        |
| Notes           |             |             |              |        |
|                 |             |             |              |        |