YOGA INSTRUCTOR INVOICE

From

Name: _____
E-Mail: _____
Phone: _____
Street Address: _____
City, State, ZIP: _____

Bill To

Name: _____
E-Mail: _____
Phone: _____
Street Address: _____
City, State, ZIP: _____

Details

Date: _____
Invoice #: _____
Payment Due: _____

Services	Quantity	Rate	Amount

Payment

Accepted Payment Methods:
☐ Cash ☐ Check ☐ Credit Card ☐ ACH ☐ Online Payment
☐ Other: _____

Payment Details:

Additional Terms:

Subtotal: _____
Discount: _____
Tax: _____
Amount Paid: _____

Total Due: _____

Invoice Generator