

[Your business name]

[Street address, city, state ZIP]

[Phone] · [Email] · [Website]

[Licensed massage therapists / estheticians on staff · establishment
permit #, where your state issues one]

INVOICE

Invoice # [0001]

Date [MM/DD/YYYY]

Due [MM/DD/YYYY]

Visit [date · arrival – departure]

BILL TO

[Customer name]

[Street address]

[City, state ZIP]

[Phone or email]

BOOKING

[Occasion or package — number of guests, rooms]

Guests: [names]

Therapists: [name (license), name]

DESCRIPTION	QTY	RATE	AMOUNT
[Treatment] — [length] · [guest] [Therapist, time]			
[Treatment] — [length] · [guest] [Therapist, time]			
[Package] · [guest] [What's in it; list value if discounted]			
Add-on — [peel / scalp treatment / hot stones] · [guest]			
Retail — [product, size] · [guest] [Taxable goods in most states]			
Gratuity — [%], shared by [therapists] [At the client's request]			
		Subtotal	
		Sales tax / GST / VAT ([rate]%)	
		Deposit received	
		Balance due	

PAYMENT

[Balance due on the day, or within [7] days for a group booking. How to pay.]

NEXT VISIT

[Who is booked next, when, with whom. Gift cards, memberships.]