



INVOICE

INV-2023-017

INVOICE DATE:
DUE DATE:

September 5, 2023
October 5, 2023

\$1.695,00

John Smith
456 Elm Street, Townsville, State, Country
johnsmith@email.com

Sarah Adams
Serene Therapy
123 Main Street
www.serenetherapy.com

QTY	UNIT	CODE	DESCRIPTION	UNIT PRICE	TOTAL
4	Sessions	T001	Individual Therapy	100,00	400,00
2	Sessions	T002	Couples Therapy	150,00	300,00
3	Sessions	T003	Group Therapy	75,00	225,00
1	Session	T004	Online Therapy	120,00	120,00
5	Sessions	T005	Family Therapy	130,00	650,00

Discount Rate
Sub Total \$1.695,00
VAT Rate

TOTAL \$1.695,00

PAYMENT DETAILS

Recipient Name: Sarah Adams
Bank: ABC Bank
Branch Code: 567
Account No: 123456
IBAN: US01 0230 0012 3456 7123 456
Payment Ref No: INV-2023-017

OTHER INFO

Sarah Adams
Tel: 1-216-1234567
Fax: 1-212-1234568
www.serenetherapy.com
info@serenetherapy.com

*PAYMENTS SHOULD BE DONE TO OUR BANK ACCOUNT. THANK YOU FOR YOUR BUSINESS!