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| --- | --- |
| INVOICE NUMBER | MAS-0001 |
| **ISSUE DATE** | **01/01/2022** |
| **DUE DATE** | **31/01/2022** |
| **CURRENCY** | **USD** |
| **AMOUNT DUE** | **$0** |

Bill to:

**Client name**
Address Line 1
City, Country
ZIP Code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | QTY/HR | Unit Cost | Tax | Amount |
| Acupuncture | 1 | $0 | $0 | $0 |
| Sports physio | 1 | $0 | $0 | $0 |
| Bodycheck | 1 | $0 | $0 | $0 |
| Physiotherapy | 1 | $0 | $0 | $0 |
| Orthotics | 1 | $0 | $0 | $0 |
| Deep tissue massage | 1 | $0 | $0 | $0 |
| Home workstation assessments | 1 | $0 | $0 | $0 |

|  |  |
| --- | --- |
| **Subtotal** | **$0** |
| **Discount** | **$0** |
| **Tax total** | **$0** |
| **AMOUNT DUE** | **$0** |

Notes:

Thank you for your business.

To ensure we correctly match your payment, always reference invoice numbers when making your payment.