Blank Counseling Invoice

Therapist Name:

Therapist Name

Business Name:

Business Name

Address:

Street

City, State, Zip

Phone:

Phone

Email:

Email

Client Name:

Client Name

Address:

Street

City, State, Zip

Phone:

Phone

Email:

Email

Invoice #:

Invoice Number

Date of Issue:

MM/DD/YYYY

Due Date:

MM/DD/YYYY

Session Details

Date	Description	Duration	Rate	Amount
MM/DD/YYYY	Session Type	e.g. 50 min	$	$

Total Due $

Notes / Payment Instructions:

Optional

Therapist Signature

Date

MM/DD/YYYY