

Sample Invoice

Name, credentials

Phone #

Business Name

Website

Office Address

Tax ID: ***see below

Town, State, Zip

RN Licence #

.....
Medical Expenses incurred for Healing Touch Nursing Services for
name:

Date of service

Two hour intake session performed in above office:

\$cost

Paid in full by check

OR:

One hour session performed in above office:

\$cost

Paid in full by check

*** I'm incorporated and have a tax ID...for those not incorporated they will need to use their Social Security # as their tax ID. ***

Sample Invoice



Lauri Pointer, HTCP/HTCI
Healing Touch Certified Practitioner

210 East Oak Street, Fort Collins, CO 80524 • 970.484.2211
LMPointer@aol.com • www.LauriPointer.com

January 10, 2012

Healing Touch Sessions for _____:

Date Of Session:	Amount
November 2, 2011	
Healing Touch- Office Visit	\$70.00
November 16, 2011	
Healing Touch- Office Visit	\$70.00
November 30, 2011	
Healing Touch- Office Visit	\$70.00
December 14, 2011	
Healing Touch- Office Visit	\$70.00
TOTAL	\$280.00

Deb Klueter, RN

Debra Klueter, RN, BSN, HNB-BC, HTCP
Holistic Nurse Baccalaureate, Board Certified
Healing Touch Certified Practitioner
326 South Fillmore
Edwardsville, IL 62025



Invoice #:
(618) 656-5052

Tax ID:
RN License:
Terms: Due on receipt

Client:

Medical Expenses incurred for Nursing Services for the above client

Date	Description	Quantity	Rate	Charge
	Office Visit: Healing Touch Nursing Services - Follow-up Session	1	0.00	0.00

Make check payable to Deb Klueter, RN

Sales Tax (1.25%)	\$0.00
Total	\$0.00
Payments/Credits	\$0.00
Balance Due	\$0.00

It's been a pleasure working with you!