

# ELITE PERFORMANCE COACHING

## INVOICE

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**Trainer Details:**

[Trainer Name/Business Name]

[Street Address]

[City, State, Zip]

[Email/Phone]

**Client:**

[Client Name]

**Date:** [MM/DD/YYYY]

**Invoice #:** [00000]

Service Description	Qty/Hrs	Rate	Amount
Personal Training Session - 1-on-1		\$	\$
Customized Nutrition Plan		\$	\$
Monthly Program Design		\$	\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

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**Payment Instructions:** Please make checks payable to [Business Name] or pay via [Payment Method]. Payment is due within [Number] days.

Thank you for your commitment to your fitness goals.