INVOICE

Training Business Name
Coach Name
Phone: (555) 000-0000

Date: _____
Invoice #: _____

BILL TO:

Client Name: _____
Address: _____
Email: _____

TRAINING PERIOD:

From: _____
To: _____

Date / Session Type	Qty/Hrs	Rate	Amount

Subtotal: $ _____
Discount: $ _____
Total Due: $ _____

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to Coach Name. Payment is due within 7 days.

Thank you for your commitment to your fitness goals!