

INVOICE

[Business Name]
[Email Address]
[Phone Number]

Invoice #: [000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

[Client Name]
[Client Email]
[Client Address]

PAYMENT METHOD:

[PayPal / Stripe / Bank Transfer]

Service Description	Quantity/Weeks	Rate	Amount
Online Personal Training - [Package Name]	[0]	[\$[0.00]]	[\$[0.00]]
Custom Meal Plan / Nutritional Guidance	[0]	[\$[0.00]]	[\$[0.00]]
Video Consultation / Assessment	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]
Discount: -[\$[0.00]]

TOTAL: \$[0.00]

Notes: Thank you for your business! Please make payment within [X] days.

Terms: All sessions must be used within the specified timeframe. No refunds for unused sessions.