

INVOICE

INVOICE # _____

DATE _____

TRAINER / BUSINESS INFO

[Name / Business Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

BILL TO

[Client Name]

[Client Address]

[Client Phone]

DESCRIPTION	DATE	RATE	AMOUNT
Initial Fitness Consultation & Assessment			
Nutritional Guidance & Program Design			

Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

PAYMENT INSTRUCTIONS

Please make checks payable to _____. Payment is due within 15 days of the invoice date.

Thank you for your business!