

INVOICE

Post-Rehab Fitness Training

[Trainer/Company Name]

[Address Line 1]

[City, State, Zip]

[Email/Phone]

BILL TO:

[Client Name]

[Client Address]

[Client Phone]

Invoice #: [0001]

Date: [Date]

Due Date: [Date]

DATE	DESCRIPTION / SERVICE TYPE	QTY/HRS	RATE	AMOUNT
[Date]	Post-Rehab Assessment & Mobility Check	1	\$0.00	\$0.00
[Dates]	Post-Rehabilitation Personal Training Sessions	[Qty]	\$0.00	\$0.00
[Dates]	Corrective Exercise Programming	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Notes / Payment Instructions:

Please make checks payable to [Name]. Electronic payments via [Zelle/Venmo/PayPal] at [Account Info].

Note: These services are fitness-based and are not intended to replace medical advice or physical therapy.