

# INVOICE

## RECURRING SESSION FEE

**[Trainer or Gym Name]**  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

BILL TO **[Client Name]**  
[Client Address]  
[Client Phone]

INVOICE DETAILS Invoice #: [0000]  
Date: [Date]  
Billing Period: [Start Date] - [End Date]  
Frequency: [Weekly/Monthly]

Description	Sessions	Rate	Amount
Personal Training - Recurring Package ([Session Type])	[Qty]	[\$[0.00]]	[\$[0.00]]
[Additional Services/Gym Access Fee]	[Qty]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

**Total Amount Due: \$[0.00]**

## NOTES & PAYMENT INSTRUCTIONS

Payment is due by [Due Date].  
Recurring billing will occur on the [Day] of every [Month/Week].

Accepted methods: [Credit Card, Bank Transfer, Venmo].

Cancellation Policy: [24-hour notice required for session rescheduling].