INVOICE

[Invoice Number]

[Trainer/Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

BILL TO

[Client Name]
[Client Address]
[Phone Number]

DETAILS

Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Billing Period: [Start] - [End]

Session Date	Description / Service Type	Duration	Rate	Amount
[Date]	Personal Training Session	60 min	$0.00	$0.00
[Date]	Personal Training Session	60 min	$0.00	$0.00
[Date]	Nutritional Consultation	-	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Notes: Please provide 24-hour notice for cancellations. Sessions expire [Number] days from purchase.

Payment Methods: [Venmo / Zelle / Bank Transfer Details]