INVOICE

Trainer Name: [Name]
Certification ID: [ID Number]
Phone: [Phone Number]

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

Bill To:
[Client Name]
[Client Address]
[Client Email]

Due Date: [MM/DD/YYYY]

Service Description	Date / Qty	Rate	Amount
Personal Training Session	[Qty]	$0.00	$0.00
Nutrition Consultation	[Qty]	$0.00	$0.00
Program Design Fee	[Qty]	$0.00	$0.00

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

Payment Instructions:
Please make checks payable to [Trainer Name] or pay via [App/Portal Details].

Thank you for your commitment to your fitness goals!