INVOICE

[Your Fitness Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

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

Bill To:
[Client Company Name]
[Contact Person]
[Client Address]

Service Description	Rate	Qty/Hours	Amount
Corporate On-site Group Training	$0.00	0	$0.00
Employee Wellness Workshop	$0.00	0	$0.00
Fitness Assessment & Consultation	$0.00	0	$0.00

Total Due: $0.00

Notes:

Please make checks payable to [Your Company Name]. Thank you for investing in your team's health.