HIIT SESSION INVOICE

[Your Business Name/Trainer Name]
[Certification/Tax ID]

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Client Phone/Email]

TRAINER DETAILS

[Studio Address/Location]
[Phone Number]
[Payment Instructions/PayPal/Venmo]

Description	Sessions/Qty	Rate	Total
HIIT Personal Training Session (1-on-1)	[Qty]	$[0.00]	$[0.00]
Group HIIT Class Pass	[Qty]	$[0.00]	$[0.00]
Customized Interval Programming/Consultation	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax (0%): $[0.00]
Amount Due: $[0.00]

Notes: Please provide 24-hour notice for cancellations to avoid being charged for the session. Stay hydrated and bring a towel.

Thank you for your hard work and commitment to your fitness goals!