INVOICE

[Business Name]
[Phone Number]
[Email/Website]

Invoice #: _____
Date: _____

CLIENT:

[Client Name]
[Address]
[City, State, Zip]

PAYMENT TERMS:

Due Date: _____
Payment Method: _____

Date	Service/Location	Distance/Time	Rate	Amount
	Personal Training Session			
	Travel Fee / Mileage			
	Equipment Transport			

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Notes: Travel fees calculated based on [X] radius from home base. Late cancellations (under 24 hours) are subject to full charge.

Thank you for your business!