INVOICE

[Trainer Name/Studio Name]
[Street Address]
[City, State, Zip]
[Phone Number]

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

Bill To:

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

Payment Due:

[MM/DD/YYYY]

Service Description	Quantity/Hrs	Rate	Amount
One-on-One Personal Training Session	[0]	$0.00	$0.00
Customized Nutrition Plan	[0]	$0.00	$0.00
Package Discount	-	-	($0.00)

Subtotal: $0.00

Tax: $0.00

Total Amount Due: $0.00

Payment Instructions:
Please make checks payable to [Name] or pay via [App/Bank Transfer].

Notes: Cancellations must be made 24 hours in advance to avoid being charged for the session. Thank you for your business!