[TRAINER NAME/STUDIO]

CERTIFIED PERSONAL TRAINER

INVOICE

#INV-001
Date: [Date]

Trainer Details:

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email Address]

Client Information:

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

Description	Date/Qty	Rate	Amount
1-on-1 Personal Training Session	[Date]	$0.00	$0.00
Customized Nutrition Plan	1	$0.00	$0.00
Group Fitness Class	[Date]	$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 [Venmo/Zelle/PayPal Handle].
Payment is due within [Number] days of invoice date.

Thank you for your commitment to your fitness goals!