INVOICE

[Coach Name/Business Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Bill To:

[Client Name]
[Client Address]
[Client Email]

Program:

[Program Name, e.g., 12-Week Transformation]

Description	Qty/Duration	Unit Price	Total
Weight Loss Coaching Sessions	[0]	$0.00	$0.00
Customized Meal Planning	[0]	$0.00	$0.00
Digital Resources & Guides	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Amount Due: $0.00

Payment Instructions:

[Insert Payment Method: Bank Transfer, PayPal, or Stripe Link]

Thank you for choosing [Business Name] for your health journey!