WELLNESS & FITNESS

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

INVOICE

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

Bill To:

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

Service Description	Qty/Hrs	Rate	Amount
Personal Training Session		$	$
Nutritional Consultation		$	$
Wellness Program Design		$	$

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to [Business Name] or pay via [Preferred Payment Method].
Thank you for prioritizing your health and wellness!