

INVOICE

[Your Fitness Company Name]
[Business Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Corporate Client Name]
[Contact Person]
[Client Address]
[City, State, Zip]

Service Description	Sessions/Qty	Rate	Amount
Corporate On-site Fitness Training			
Wellness Workshop / Seminar			
Employee Gym Membership Subsidy			

Service Description	Sessions/Qty	Rate	Amount
Nutritional Consulting			

Subtotal: \$0.00

Tax (___%): \$0.00

Total Due: \$0.00

Payment Instructions: Please make checks payable to [Your Company Name] or pay via [Direct Deposit Info].

Thank you for investing in your team's health and wellness!